MAXIMUS Federal Services

Case Number:	CM14-0139930		
Date Assigned:	10/28/2014	Date of Injury:	08/26/2008
Decision Date:	12/04/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year-old female with a date of injury of August 26, 2008. The patient's industrially related diagnoses include cervical radiculopathy, lumbar radiculopathy, status post fusion in the lumbar spine and s/p lumbar spine removal of hardware, anxiety, depression, fibromyalgia, headaches, and chronic pain. The disputed issues are appeals for the denial of a requested urine drug screen and prescriptions for Naproxen 550mg #60, Pantoprazole 20mg #60, Tizanidine 4mg, and Cartivisc 200/150/200mg #90. A utilization review determination on 8/19/2014 had non-certified these requests. The stated rationale for the denial of a urine drug screen was: "Initial utilization review report performed by [physician's name] dated 8/4/2014 indicates that urine drug screen was non-certified as there is no documentation the claimant is taking a controlled medication or evidence of abuse, diversion, or hoarding related to the use of medications on the current report. There is no documentation detailing that the purpose for the urine drug screen is for initial screening in preparation for opioid therapy." The stated rationale for the denial of Naproxen 550mg was: "Despite the prior warning on the previous review, the submitted reports lack evidence of objective functional benefit with prior use of this medication." The stated rationale for the denial of Pantoprazole was: "Despite the prior warning on the previous review, there is no documentation of failed 'Y' drugs in this class and documentation indicating that this medication is more beneficial to the claimant than a 'Y' drug on the ODG formulary." The stated rationale for the denial of Tizanidine was: "CA MTUS and ODS state that muscle relaxants are recommended for short-term use only and ODS recommends usage of less than two weeks for acute exacerbation of low back pain. Review of claim notes that the request for retrospective/prospective use of Tizanidine 4mg #30 was non-certified on 2/5/2014." Lastly, the rationale for the denial of Cartivisc was that there was no clear evidence that the claimant had

arthritis or knee osteoarthritis that would support the medical necessity of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79, 99. Decision based on Non-MTUS Citation (ODG) Chronic Pain Chapter Urine Drug Testing

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend urine drug testing (UDT) as an option to assess for the use or the presence of illegal drugs and for evaluation of possible aberrant drug-related behavior. While on opioids, on-going management actions should include: "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Urine drug screens can help determine appropriate medication use and identify possible aberrant behavior. In regard to the frequency of urine drug testing, the Official Disability Guidelines state that there is no hard and fast rule in terms of frequency of drug testing, but risk stratification appears to be the best way to determine frequency. It is currently recommended that patients at low risk of adverse outcomes be monitored randomly at approximately every six months. A 3- to 4-time a year frequency is recommended for patients at intermediate risk, those undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunctional social situations, and for those patients with comorbid psychiatric pathology. Those patients at high risk of adverse outcomes may require testing as often as once a month." In the submitted medical records available for review, there was no documentation that the injured work was taking controlled medication. The Utilization Review non-certified the request for urine drug screen as there was no documentation that the claimant was taking a controlled medication or evidence of abuse, diversion, or hoarding related to the use of medications on the current report. There was no documentation detailing that the purpose for the urine drug screen was for initial screening in preparation for opioid therapy. The treating physician responded to the denial on 8/11/2014 stating: "This patient has been provided opioids and/or controlled narcotics which are included in schedules II-V," but the treating physician did not provide the name of the medication prescribed. Furthermore, there is no documentation that opioids/controlled pain medications were prescribed in any of the other progress reports. The treating physician provided a list of all the medications prescribed by all providers for the injured worker and a controlled medication was not listed. Based on the lack of documentation and inconsistency in reports, medical necessity has not been established for the urine drug screen.

Prospective Usage of Naproxen 550mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. In general, the guidelines state that anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In the submitted medical records, the treating physician does documented pain relief with medication use. The injured worker rated her pain as 10/10 without medication and 9/10 with medication use. The UR denied the request stating the submitted reports lack evidence of objective functional benefit with prior use of this medication. The treating physician responded to the denial in a progress report dated 8/11/2014 and documented that Naproxen was helpful in limiting the need for opioid meds. Therefore, based on the guidelines and the documentation, the request for Naproxen 550mg #60 is medically necessary.

Prospective Usage of Pantoprazole 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: In regard to the appeal for prospective usage of Pantoprazole 20mg #60 (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and Aciphex for use as second line agents, after failure of Omeprazole or Lansoprazole. In the submitted medical records, the treating physician indicated on 8/11/2014 that the injured worker had dyspepsia related to NSAID use, which is required to manage chronic pain symptoms. However, there was no further documentation indicating that the injured worker had failed first-line agents prior to initiating treatment with Pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding this, the currently requested Pantoprazole 20mg #60 is not medically necessary.

Prospective Usage of Tizanidine 4mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: In regard to the request for Tizanidine 4mg (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. In the submitted medical records, the treating physician documented that Tizanidine was prescribed for occasional use to treat acute episodes of muscle spasm associated with the injured worker's chronic pain. Furthermore, there was documentation that the injured worker was informed that this medication was not intended for continuous long-term use. LFT monitoring was ordered on 3/11/2014 and results were addressed in the progress report dated

7/10/2014, which stated that ALT was being monitored. Based on the guidelines, there is sufficient documentation to establish medical necessity for Tizanidine 4mg #60. Therefore the request is medically necessary.

Prospective Usage of Cartivisc 500/150/200mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: In regard to the request for Cartivisc 200/150/200mg (Glucosamine/Chondroitin/MSM), Chronic Pain Medical Treatment Guidelines state that glucosamine and chondroitin are recommended as an option in patients with moderate arthritis pain especially for knee osteoarthritis. In the submitted documentation, the injured worker's industrially related diagnoses were cervical radiculopathy, lumbar radiculopathy, failed back surgery syndrome of the lumbar spine, status post fusion in the lumbar spine and s/p lumbar spine removal of hardware, anxiety, depression, fibromyalgia, headaches, and chronic pain. Additionally, there are no radiographic findings available for review supporting a diagnosis of arthritis. The request was denied by the utilization review process because was there was no clear evidence that the claimant had arthritis or knee osteoarthritis, and the treating physician did not provide additional documentation indicating arthritis. Therefore medical necessity for Cartivisc 200/150/200mg has not been established.