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| Case Number: | CM14-0154882 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 08/30/2011 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 08/26/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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 Medicine 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 male, who reported an injury on 08/30/2011. The mechanism of injury was not stated. The current diagnoses include history of right elbow injury, right elbow contusion, right shoulder sprain, and radiating left lower extremity pain. The injured worker was evaluated on 08/18/2014 with complaints of 6/10 pain with medication. Previous conservative treatment is noted to include epidural steroid injection, physical therapy, and medication management. Physical examination revealed negative straight leg raising, intact sensory and motor examination, an antalgic gait, positive lumbar tenderness and spasm, and decreased range of motion. Treatment recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug Screen full panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state urine drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. There is no mention of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity for repeat testing has not been established. As such, the request for drug screen full panel is not medically appropriate.

Anaprox-DS Naproxen Sodium 550MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has continuously utilized this medication since 04/2014. There is no documentation of objective functional improvement. California MTUS Guidelines do not recommend long term use of NSAIDs. There is also no frequency listed in the request. As such, the request for Anaprox-DS naproxen sodium 550MG #90 is not medically appropriate.

Fexmid Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. The injured worker has continuously utilized this medication since 04/2014. Despite the ongoing use of this medication, the injured worker continues to demonstrate palpable muscle spasm upon physical examination. California MTUS Guidelines do not recommend long term use of muscle relaxants. There is also no frequency listed in the request. As such, the request for Fexmid cyclobenzaprine 7.5mg #60 is not medically appropriate.

Ultram Tramadol HCL ER 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 04/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request for Ultram tramadol HCl ER 150MG #60 is not medically appropriate.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. Therefore, the injured worker does not currently meet criteria for the requested medication. Additionally, there is no frequency listed in the request. As such, the request for Protonix 20mg #60 is not medically appropriate.