

Case Number:	CM14-0024898		
Date Assigned:	06/11/2014	Date of Injury:	05/13/2003
Decision Date:	08/12/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 61-year-old female who reported an injury on 05/13/2003. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments are noted to be medications. The injured worker's diagnosis was noted to be cervical spondylosis. In the clinical evaluation on 02/27/2014 it was noted that the injured worker had complained of neck and arm pain. She described her pain as aching and burning. The frequency of pain was intermittent. She indicated pain was made worse by lifting movement and standing a long time. The injured worker indicated pain was better with medications. The injured worker was experiencing weakness, numbness, and tingling in her right arm. She reported that she drops objects. In addition, the injured worker had trouble falling asleep and was awakened by pain and on average gets 3 to 4 hours of sleep. The objective findings of the right shoulder included tenderness at anterior glenohumeral joint, biceps muscle and deltoid muscle insertion. Shoulder range of motion allowed for 120 degrees (passive) and 80 degrees (active) abduction. On cervical spine examination, range of motion was reduced. There was tenderness present in the cervical paravertebral region on the right side at the C4-5 and C5-6 level. Decreased triceps strength and C7 sensation on the right. Spurling's test was positive on the right for neck pain as well as radiculopathy. Spurling's test was positive on the left for neck pain only. The treatment plan included continuing medications. The provider's rationale for the requested medications was provided within the documentation dated 02/27/2014. A Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENNA 8.5MG, #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS/INITIATING THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

Decision rationale: The request for Senna 8.5 mg quantity 56 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate when initiating opioid therapy a prophylactic treatment of constipation should be initiated. The Official Disability Guidelines recommend opioid induced constipation treatments especially if the opioid will be needed for more than few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identify to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. The clinical documentation does not provide a rationale for Senna in relationship to opioid use. The evaluation provided for review does not indicate constipation. The request fails to provide a frequency. Therefore, the request for Senna 8.5 mg is not medically necessary.

VICODIN 750MG, #84: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The request for Vicodin 750 mg quantity 84 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for monitoring patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug taking behaviors. These domains have been summarized as the 4As (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to a treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The

documentation submitted for review fails to provide an adequate pain assessment. The only indication of a pain rating was during the evaluation and the injured worker rated her pain a 10/10. The 4 A's were not addressed for monitoring of Vicodin. The request for Vicodin fails to provide a frequency. As such, the request for Vicodin 750 mg quantity 84 is not medically necessary.

OMEPRAZOLE 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole 20 mg quantity 60 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend a proton pump inhibitor if there is a gastrointestinal risk. The clinical evaluation does not note the injured worker with symptoms of a gastrointestinal event. The injured worker is not noted to be on NSAID therapy at this time. The request for omeprazole fails to provide a frequency. Therefore, the request for Omeprazole 20 mg, quantity 60 is not medically necessary.