

Case Number:	CM14-0039865		
Date Assigned:	06/27/2014	Date of Injury:	06/28/2000
Decision Date:	09/05/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/04/2014

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 and Rehabilitation, Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 62-year-old female 06/28/2000 due to a heart attack. The injured worker's diagnoses were cervical radiculopathy, status post fusion of the cervical spine, lumbar radiculopathy, status post lumbar laminectomy, myoclonic cervical spasm, and chronic cervical dystonia. The injured worker's past treatments were noted to be physical therapy, medication, and surgery. The injured worker's prior diagnostics were MRI of the thoracic spine 11/06/2007 finding were left sided cysts involving the neural foramen at the T7-8 level, KUB/Esophagram and upper GI series. The injured worker's past surgical history includes breast biopsies in 1973 and 1974, a bunionectomy, left knee surgery 1999, L4-5 discectomy in 1989, the re-infusion of C4-6 on 04/18/2006, and left hemicolostomy and resection 07/12/2007. The injured worker complained of neck pain that radiates down through the bilateral extremities as well as the back pain that also radiates down the bilateral extremities. The injured worker rates the pain at 4/10 with medication, 8/10 without medication. On physical examination dated 03/04/2014, there was tenderness noted in the paravertebral C5-T1 area upon palpation and anterior cervical strap muscle. Pain was significantly increased with flexion extension, and rotation. The injured worker's medications were fentanyl 25 mcg an hour patch, pantoprazole 20 mg, hydrocodone, Butalbital 50/325/40 mg, tizanidine 4 mg, Ambien 12.5 mg, Ativan 1 mg, trazodone 150 mg, Zofran 8 mg. The provider's treatment plan was for a follow up with cardiologist. The rationale for the request was not provided within the documentation. A Request for Authorization form was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg patch #10: Upheld

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

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

Decision rationale: The request for Fentanyl 25mcg patch #10 is not medically necessary. According to the California MTUS Guidelines, the on-going management of opioid use should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also specify that a pain assessment should be performed at each visit and include a current pain level; the least reported pain over the period since last assessment; the average pain; the intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The 4 A's, which include analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors, should also be addressed at each visit. The documentation submitted for review indicates that the injured worker's pain rating is 8/10 without medication and 4/10 with medication. The injured worker also reports activities of daily living limitations. There was no documentation of adverse side effects with the use of opioids. The injured worker also noted not to have an issue with aberrant drug taking behavior. However, there is no documentation submitted of a recent urine drug screen showing consistent results to verify appropriate medication use. Therefore, despite evidence of decreased pain with the use of opioid, in the absence of consistent results on a urine drug screen to verify compliance, the criteria for ongoing use of opioid medication has not been met. In addition, there was a lack of mention of a frequency on the request for the proposed medication. As such, the request is not medically necessary.

Pantoprazole 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 and cardiovascular risk Page(s): 68.

Decision rationale: The decision for Pantoprazole 20mg #60 is not medically necessary. The California MTUS Chronic Pain Guidelines state that a proton pump inhibitor may be recommended to treat dyspepsia secondary to medication therapy. The addition of a proton pump inhibitor is also supported for patients taking medications who have cardiovascular or significant risk factors of gastrointestinal events. However, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of drug therapy or significant factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request failed to include the frequency of the medication. As such, the request for Pantoprazole 20mg #60 is not medically necessary.

Hydrocodone 10-325mg #120: Upheld

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

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

Decision rationale: The request for Hydrocodone 10-325mg #120 is not medically necessary. According to the California MTUS Guidelines, the ongoing management of patients taking opioids medication should include routine office visits and detailed documentation of the extent of pain, functional status in regard to activities of daily living, appropriate medication, and/or aberrant drug taking behaviors and adverse side effects. The pain assessment should include the least reported pain over period since the last assessment, average pain, and intensity of pain after taking the opioid, how the long it lasts how long it takes for pain relief, and how long the pain relief lasts. The documentation submitted for review indicates that the injured worker's pain rating is 8/10 without medication and 4/10 with medication. The injured worker also reports activities of daily living limitations. There was no documentation of adverse side effects with the use of opioids. The injured worker also noted not to have an issue with aberrant drug taking behavior. However, there is no documentation submitted for a recent urine drug screen showing consistent results to verify appropriate medication use. Therefore, despite evidence of decreased pain with the use of opioid, in the absence of consistent results on a urine drug screen to verify compliance, the criteria for ongoing use of opioid medication has not been met. In addition, there was a lack of mention of a frequency on the request for the proposed medication. As such, the request is not medically necessary.

Tizanidine 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: According to the California MTUS, muscle relaxants are recommended non-sedating with caution as a second line option for short term treatment of acute exacerbations in pain in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefits beyond NSAIDs in pain and overall improvement. The efficiency of a muscle relaxant seems to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker complained of neck pain that radiates down bilaterally as well as low back pain that radiates down to the lower extremities, and pain is rated at 8/10 without medication and 4/10 with medication. The injured worker also reports activities of daily living limitations. There is lack of documentation within the medical records indicating the efficacy of this medication as evidenced by significant functional improvement. The request as

submitted failed to provide the frequency of the medication. As such, the request for Tizanidine 4mg #120 is not medically necessary.

Butalbital 50/325/40 #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, Pain Chapter, Barbiturate-containing analgesic agents (BCAs).

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

Decision rationale: The request for Butalbital 50/325/40 #60 is not medically necessary. According to the California MTUS Guidelines, the ongoing management of patients taking opioids medication should include routine office visits and detailed documentation of the extent of pain, functional status in regard to activities of daily living, appropriate medication, and/or aberrant drug taking behaviors and adverse side effects. The pain assessment should include the least reported pain over period since the last assessment, average pain, and intensity of pain after taking the medication, how the long it lasts how long it takes for pain relief, and how long the pain relief lasts. The documentation submitted for review indicates that the injured worker's pain rating is 8/10 without medication and 4/10 with medication. The injured worker also reports activities of daily living limitations. There was no documentation of adverse side effects with the use of opioids. The injured worker also noted not to have an issue with aberrant drug taking behavior. However, there is no documentation submitted for a recent urine drug screen showing consistent results to verify appropriate medication use. Therefore, despite evidence of decreased pain with the use of opioid, in the absence of consistent results on a urine drug screen to verify compliance, the criteria for ongoing use of opioid medication has not been met. In addition, there was a lack of mention of a frequency on the request for the proposed medication. The request for Butalbital 50/325/40 #60 is not medically necessary.