

Case Number:	CM14-0057142		
Date Assigned:	08/06/2014	Date of Injury:	07/08/2005
Decision Date:	09/10/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family 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 patient is a 28 year-old woman who was injured at work on 7/8/2005. The injury was primarily to her back and neck. She is requesting review for denial of the following: Hydrocodone/Acetaminophen 2.5/500 mg, Lansoprazole 30 mg, Relafen 500 mg, Sumatriptan 50 mg, and Acupuncture 1X6. Medical records are included for review. The records indicate that she has been given the following chronic diagnoses: Myalgia and Myositis; Chronic Pain Syndrome; Cervical Spondylosis; Sleep Disturbance, and Cervical Fusion Surgery. The records indicate that the patient has chronic pain despite the use of medications. The majority of the pain is focused as a "cervicogenic headache." Physical examination was remarkable for the absence of substantive neurologic findings. Besides the requested medications, she was treated with a cervical epidural steroid injection and an occipital nerve block. She also received a Vitamin B12 and Toradol injection. Finally, she has also undergone cervical spine fusion (C5-6 and C6-7) as well as physical therapy, trigger point injections and manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 2.5/500mg, qty unspecified, with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of 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 treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Hydrocodone/Acetaminophen is not considered as medically necessary.

Lansoprazole 30mg, qty unspecified, with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain.

Decision rationale: The MTUS/Chronic Pain Medical Treatment and the Official Disability Guidelines comment on the use of proton pump inhibitors (PPIs) in patient who are taking NSAIDs. These criteria indicate that clinicians should determine if the patient is at risk for a gastrointestinal (GI) event. Risk factors for a GI event include the following: Age > 65 years; History of a Peptic Ulcer, GI Bleeding or Perforation; Concurrent use of ASA, Corticosteroids, and/or an Anticoagulant; or High Dose/Multiple NSAIDs. In patients determined to be at intermediate or high-risk for a GI event, an NSAID with a PPI is appropriate. In reviewing the medical records, there is no documentation that indicates that this patient meets these stated

criteria for intermediate or high-risk. The use of a PPI is therefore not considered as medically necessary.

Relafen 500mg, qty unspecified, with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDs. These guidelines state the following: Specific recommendations: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. (van Tulder, 2006) (Hancock, 2007) For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. (Roelofs-Cochrane, 2008) The addition of NSAIDs or spinal manipulative therapy does not appear to increase recovery in patients with acute low back pain over that received with acetaminophen treatment and advice from their physician. (Hancock, 2007) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. (Namaka, 2004) (Gore, 2006) See NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function. Besides the above well-documented side effects of NSAIDs,

there are other less well- known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. (Maroon, 2006) Given these guidelines, there is insufficient documentation in the medical records that Relafen is being used at the lowest dose for the shortest period of time. There is also insufficient documentation on the functional benefit provided by Relafen to date. Under these conditions, the use of Relafen is not considered as medically necessary.

Sumatriptan 50mg, qty unspecified, with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Head Procedure Summary (Updated 03/28/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans.

Decision rationale: The Official Disability Guidelines comment on the use of triptans, such as Sumatriptan. Triptans are used for the acute treatment of a migraine headache. The medical records do not provide any documentation of the nature of the headache other than being "cervicogenic." There is no evidence provided that the patient has a migraine headache, has been evaluated for a migraine headache, or has any of the symptoms typical of patients who suffer from migraines. Therefore, the use of Sumatriptan is not considered as medically necessary.

Sumatriptan 50mg, qty unspecified, with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Head Procedure Summary (Updated 03/28/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans.

Decision rationale: The Official Disability Guidelines comment on the use of triptans, such as Sumatriptan. Triptans are used for the acute treatment of a migraine headache. The medical records do not provide any documentation of the nature of the headache other than being "cervicogenic." There is no evidence provided that the patient has a migraine headache, has been evaluated for a migraine headache, or has any of the symptoms typical of patients who suffer from migraines. Therefore, the use of Sumatriptan is not considered as medically necessary.

Acupuncture 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Section 9792.24.1 of the California Code of Regulations, Title 8, comments on the use of acupuncture. These guidelines state the following: That acupuncture is used as an option when pain medication is reduced or not tolerated. Further, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. Based on the information in the medical records, there is no evidence that the requested service is being used as an adjunct to physical rehabilitation or surgical intervention. There is also no evidence in the medical records to indicate that the pain medications prescribed are being reduced or not tolerated. Therefore, acupuncture is not considered as a medically necessary treatment.