MAXIMUS Federal Services

Case Number:	CM14-0059411		
Date Assigned:	08/08/2014	Date of Injury:	04/04/2012
Decision Date:	12/23/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/30/2014

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:

This is a 51 years old female patient who sustained an injury on 4/04/2012. The current diagnoses include right knee internal derangement and lumbar sprain. She sustained the injury due to tripped and fell incident. Per the doctor's note dated 4/08/14, she had complaints of right knee pain causing him to shift his weight to the left resulting in low back pain, which then extends to the right buttock area; bilateral shoulder pain with dull pain into the trapezium musculature. Physical examination revealed swelling and medial tenderness for the right knee, the shoulders- tenderness, greater on the left, with positive impingement testing, the right shoulder- tender on range of motion testing; taut bands present in the thoracolumbar musculature. The medication list includes Flexeril, Protonix, Norco and Ambien. She has had urine drug screen on 4/8/14 with negative results. Prior diagnostic study reports were not specified in the records provided. Previous operative or procedure note related to the injury was not specified in the records provided. Other therapy for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg QTY #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs, pages 22 and 67 Page(s): 22 and 67.

Decision rationale: Ibuprofen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had knee pain, low back pain and shoulder pain. NSAIDs are considered first line treatment for pain and inflammation.The request for Ibuprofen 600mg QTY #90 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

Protonix 20mg qty #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs and gastrointestinal symptom.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Protonix contains pantoprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when- " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient had abdominal/gastric symptoms with the use of NSAIDs. The records provided did not specify the duration of the NSAID therapy. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Protonix 20mg QTY #60 is not established for this patient at this time.

Norco 10/325mg qty# 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain (updated 11/21/14), Opioids, criteria for use.

Decision rationale: This is a request for Norco, which is an opioid analgesic. It contains acetaminophen and Hydrocodone. According to the cited guidelines, "A therapeutic trial of

opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg QTY# 90 is not established for this patient.

Flexeril 705mg qty #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided patient had complaints of knee, low back and shoulder pain with tenderness and taut band in thoracolumbar musculatures. According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 7.5mg QTY #30 is medically appropriate and necessary to use as prn during acute exacerbations.

Ambien 10mg qty #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (updated 11/21/14), Zolpidem (Ambien).

Decision rationale: Ambien contains Zolpidem. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request.Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long-term." Detailed history of insomnia is not specified in the records provided. A trial of other non-pharmacological measures for treatment of insomnia was not specified in the records provided. In addition, Zolpidem is approved for short-term use only. The medical necessity of Ambien 10mg QTY #30 is not fully established for this patient at this time.

Physical therapy 2xWk x 4Wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Specific number of physical therapy visits since date of injury is not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visits notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy 2xwk x 4wks is not established for this patient at this time.

Acupuncture 2xWk x 4 Wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture medical treatment guidelines cited below state that ""Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. The medical records provided do not specify any intolerance to pain

medications. Previous conservative therapy notes are not specified in the records provided. Response to previous conservative therapy is not specified in the records provided. The medical necessity of Acupuncture 2x wk x 4 wks is not fully established for this patient.

Urinalysis toxicology drug screen both POC assay testing for illicit meds and then send to lab for confirmatory: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The medication list includes Flexeril, Protonix, Norco and Ambien. Norco is an opioid. It is medically appropriate and necessary to perform a urine drug screen to monitor for the presence of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for Urinalysis toxicology drug screen both POC assay testing for illicit meds and then send to lab for confirmatory is medically appropriate and necessary in this patient at that time.