MAXIMUS Federal Services

Case Number:	CM14-0059579		
Date Assigned:	08/08/2014	Date of Injury:	01/09/1998
Decision Date:	09/12/2014	UR Denial Date:	04/01/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a female presenting with chronic pain following a work related injury on 01/09/1998. Magnetic resonance imaging (MRI) of the shoulders showed bursitis and tendinosis, MRI of the wrists showed extensor carpi ulnaris tendinosis and median nerve compression. On 3/18/2014, the claimant complained of neck and upper extremity pain. The physical exam showed paresthesia, weakness and restricted ranges of motion. The claimant was treated with physical therapy for 8 weeks and given an ergonomic workstation. The claimant was diagnosed with chronic cervical spondylosis with cervical radiculopathy, bilateral shoulder impingement syndrome and bilateral tenosynovitis and carpal tunnel syndrome. A claim was made for multiple medications, urine drug test and physical therapy 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco one month (dosing information and quantity not specified): 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): 79.

Decision rationale: Norco for one month is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, Norco is not medically necessary.

Ultram E.R for one month (dosing information and quantity not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 83.

Decision rationale: Ultram ER for one month is not medically necessary. Tramadol is a centrally acting opioid. Per MTUS page 83, opioids for osteoarthritis are recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, it is use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications; therefore, the requested medication is not medically necessary.

Prilosec (dosing information and quantity not specified): Upheld

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

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

Decision rationale: Prilosec is not medically necessary. The CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long-term use of PPI or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long-term use as well and if there possible gastrointestinal (GI) effects of another line of agent should be used for example acetaminophen. Prilosec is therefore, not medically necessary.

Anaprox (dosing information and quantity not specified): 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.

Decision rationale: Anaprox is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on NSAIDs. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.

Urine drug test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse Page(s): 108.

Decision rationale: A Urine drug test is not medically necessary. The CA MTUS guidelines suggest that all patient receiving opioids for chronic pain non-malignant pain should be tested twice yearly, once during January-June and another time July-December. Cautionary red flags of potential opioid abuse are if the patient has a history of alcohol or substance abuse, active alcohol or substance abuse, borderline personality disorder, mood disorders or psychotic disorders, non-return to work for over 6 months or poor response to opioids in the past. Cautionary red flags of addiction would include adverse consequences of decreased functioning, observed intoxication, negative affective state or any impaired control over medication used. According to the medical records the claimant's, there was no documentation of the claimant presenting with red flags; therefore given the request was placed less than 6 months to the previous urine drug screen and with the lack of red flags, a urine drug screen is not medically necessary.

Physical therapy for 8 sessions (area(s) of body not specified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: Physical therapy for 8 sessions is not medically necessary. Page 99 of Ca MTUS states " physical therapy should allow for fading of treatment frequency (from up to 3

visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records do not document prior physical therapy and the length of time. There is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy. Therefore, the request is not medically necessary.