

Case Number:	CM14-0075311		
Date Assigned:	07/16/2014	Date of Injury:	05/08/2003
Decision Date:	08/29/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/23/2014

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 57-year-old female with a reported date of injury on 05/08/2003. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include status post C5-6 and C6-7 anterior cervical discectomy and fusion, cervical postlaminectomy syndrome, right shoulder full thickness tear and impingement syndrome, right ulnar neuropathy, status post right shoulder repair rotator cuff tear, status post removal of hardware C5-7, spinal cord stimulator implant, and medication induced gastritis. Her previous treatments were noted to include medications and surgery. The progress note dated 05/29/2014 revealed the injured worker had been able to cut back on her pain medications and only took 1 tablet of Norco a day as needed. The injured worker reported the combination of Ultram ER and Norco have been beneficial and also required Prilosec, as she occasionally developed heartburn like symptoms while on her oral analgesic medications. Her medication regimen was noted to include Ultram ER 150 mg (daily as needed), Norco 10/325 mg (1 to 2 daily as needed), Celexa 20 mg (daily), Prilosec 20 mg (twice a day), medicinal marijuana, Fioricet (1 daily as needed), and Xanax (1 daily as needed). The physical examination revealed tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular, and suboccipital region. There were multiple trigger point and taut bands palpating throughout. There was also a decreased range of motion of the cervical spine. The physical examination of the right shoulder revealed tenderness to palpation along the shoulder joint line and a reduced range of motion. The neurological examination of the deep tendon reflexes noted diminished bilaterally. The upper extremity motor testing was rated 5/5. The sensory examination was decreased along the posterior lateral arm and forearm bilaterally. The Request for Authorization form dated 04/21/2014 was for Norco 10/325 mg (1 to 2 daily as needed for pain), Prilosec 20 mg (twice a

day for medication induced gastritis), Ultram ER 150 mg (daily for pain), and Colase 100 mg (twice a day). However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, count 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state the physician is to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. The injured worker reported she had developed medication induced gastritis. However, the previous request for Ultram and Norco were denied. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.

Ultram 150mg, count 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, page 78 Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker indicated her pain 5/10 with the utilization of her spinal cord stimulator and medication regimen. There is a lack of documentation regarding improved functional status with the utilization of these medications. No adverse effects were noted. The most recent urine drug screen performed 01/2014 was consistent with therapy. Therefore, due to the lack of documentation regarding improved functional status and side effects, the ongoing use of opioids is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. The request is not medically necessary and appropriate.

Colace 100mg, count 100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy, page 77 Page(s): 77.

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines recommend when initiating therapy of opioids, that prophylactic treatment of constipation should be initiated. There is a lack of documentation regarding opioid induced constipation, and the previous request for Ultram and Norco were non-certified, to which would warrant Colase. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.

Norco 10/325mg, count 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

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

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker indicated her pain 5/10 with the utilization of her spinal cord stimulator and medication regimen. There is a lack of documentation regarding improved functional status with the utilization of these medications. No adverse effects were noted. The most recent urine drug screen performed 01/2014 was consistent with therapy. Therefore, due to the lack of documentation regarding improved functional status and side effects, the ongoing use of opioids is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. The request is not medically necessary and appropriate.