

Case Number:	CM14-0184735		
Date Assigned:	12/15/2014	Date of Injury:	04/22/2010
Decision Date:	01/15/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/06/2014

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 New Jersey. 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 worker is a 43 year old female who was injured on 4/22/2010 after falling off of a pick-up truck. She was diagnosed with sacroiliitis, lumbar disc disease, lumbar myofascial strain, lumbar radiculopathy, shoulder osteoarthritis, shoulder SLAP tear, and neck pain. She was treated with surgery (lumbar), Lumbar medial branch block, medications, chiropractor treatments, and physical therapy. On 9/23/2014, she was seen by her treating physician reporting continual low back and neck pain, rated 9/10 on the pain scale with pain into her right elbow/hand/fingers and pain and weakness of her left wrist and numbness in her left fingers. She also reported weakness and numbness in her legs as well as her left shoulder. She reported using Norco 10/325mg 5-6 times per day, Zanaflex, Prilosec, Elavil, and Flexeril all every day. Physical examination revealed normal nerve testing (sensation, reflexes, strength) of upper and lower extremities, limited left shoulder motion, normal gait, and tenderness and hypertonicity of lumbar paraspinal muscles. She was then recommended to use Gabapentin, Fenoprofen, and Prednisone as well as continue her Norco (with a discussion about titrating off of narcotics once other therapies begin helping her pain). She was also recommended physical therapy, TENS, and a urine drug screening test (no indication included).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg #60: 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): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this full review was completed, and most importantly there was not documented evidence of significant pain reduction or functional improvement with the use of Norco, which had been used for a long time previous to this request with similar lack of evidence of benefit. Her stated pain level with all of her medications being used was rated at 9/10 on the pain scale. Therefore, Norco appears to be medically unnecessary to continue. Weaning is recommended. There was a discussion with the provider and the worker about weaning down on the Norco, however, no formal plan was documented.

One urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. Upon review of the documents provided, there was no evidence to be found suggesting this worker was abusing her narcotic medications. There was no abnormal behavior reported and no explanation included which might have helped justify this request for this worker. Therefore, the drug screening will be considered medically unnecessary.

Prednisone 10 mg #23: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Oral corticosteroids, AND Low Back section, Corticosteroids

Decision rationale: The MTUS Guidelines do not discuss oral corticosteroids. The ODG, however, states that they are not generally recommended for chronic pain as there is no data on the efficacy and safety and should be avoided. Methylprednisolone is not approved for pain at all. The only circumstance that other corticosteroid might be considered for short-term use is in the setting of acute (not chronic) lumbar radicular pain, which requires very clear signs and symptoms of radiculopathy. In this setting, the risks of steroid use as well as the fact that evidence for benefit is limited needs to be discussed with the patient and documented in the record. In the case of this worker, there was insufficient objective evidence from physical examination findings to confirm radiculopathy of the upper or lower extremities to warrant a short burst of prednisone in this worker. Only tenderness and spasm of the lumbar muscles was documented as being significant. Also, there was no evidence to suggest this worker was experiencing an acute flare-up of her pain, but rather continuation of her chronic pain. Therefore, the prednisone taper will be considered medically unnecessary.