

Case Number:	CM14-0188055		
Date Assigned:	11/18/2014	Date of Injury:	11/01/2010
Decision Date:	02/28/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Ohio

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year-old female who has reported the gradual onset of widespread pain, internal medicine conditions, and mental illness, attributed to usual work activity, with a listed injury date of 11/01/2010. The diagnoses have included DeQuervain's syndrome, lumbar sprain/strain, cervical spine strain, shoulder impingement, internal derangement of the knee, and anxiety. Initial treatments included medications, physical therapy, wrist braces, orthopedic evaluation, cervical spine MRI, and electrodiagnostic testing. The current requesting physician, the primary treating physician, a PMR specialist, has been seeing the injured worker since January 2012. Treatment by this physician has included wrist injections, wrist braces, unspecified medications, pain referral, rheumatology referral, hand therapy, TENS, acupuncture, internal medicine referral, chiropractic, functional capacity evaluation, work conditioning, and psychological referral. The reports from the primary treating physician during 2014 provide no specific details of treatment outcomes, show ongoing pain without improvement, and do not provide specific indications for any medications. Work status has been continued as temporarily totally disabled. Omeprazole, Tylenol with codeine, Medrox ointment, hydrocodone, orphenadrine, and tramadol have been continued during 2014. Although the primary treating physician reports are not clear about this, it may be that medications are dispensed by another pain management physician. Per the psychological AME on 8/8/14, a specific course of psychotherapy was recommended. Per the internal medicine AME on 6/15/14, the injured worker had iron-deficiency anemia and gastritis. On 12/13/12 tramadol and ketoprofen were stopped and omeprazole and Tylenol with codeine were started. On 6/6/13 the injured worker was evaluated by a psychologist who recommended

medications and cognitive behavioral therapy. On 9/26/13 the injured worker requested stopping Tylenol with codeine and Norco was started. On 11/4/13 Norco was stated to give no pain relief along with excessive side effects. Codeine was restarted. On 1/28/14 a different physician, a neuromuscular specialist, dispensed Norco, Effexor, Mobic, tramadol and temporarily totally disabled work status. That physician continued to prescribe Norco, tramadol and omeprazole as of 5/1/14. Tramadol was stated to be indicated as it would reduce exposure to short-acting narcotics. On 10/02/2014, the primary treating physician stated that there was no significant improvement. There was no discussion of any specific medications or specific results of treatment. Multifocal pain and tenderness was present. The treatment plan included psychiatric treatment as per the QME, pain management as per the QME psychologist, Omeprazole, Tylenol with codeine, Medrox ointment, hydrocodone, orphenadrine, and tramadol. None of these medications were discussed. Work status was temporarily totally disabled. On 10/14/14 Utilization Review non-certified the various items appealed for an Independent Medical Review other than tramadol. The Utilization Review physician certified #45 of tramadol, with no refills. The Utilization Review decisions were supported by MTUS citations, and note was made that the requests were not in compliance with the MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Second Edition (Update 2004), Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 180; 210; 375; 306.

Decision rationale: The MTUS does not provide references to pain management. The MTUS does make general references to this kind of care per the citation above, (PMR referral when surgery is not indicated). The primary treating physician is a PMR specialist. It may be that the other treating physician, who also dispenses medications, is the intended pain management referral but this is not explained, and it is not clear how this physician is not duplicative of the services already provided by the primary treating physician. Pain management questions were deferred by the psychological AME, contrary to what was implied by the primary treating physician. None of the medications or current treatments are outside of the scope of routine treatment provided by the primary treating physician and the reasons for enlisting the services of another similar physician are not explained or clear from the available records. The pain management referral is therefore not medically necessary.

Psychological Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Second Edition (Update 2004), Chapter 7, pg. 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions; Psychological evaluations Page(s): 23; 101.

Decision rationale: This injured worker has already been evaluated by a psychologist AME and by a treating psychologist. It is not clear why an additional evaluation is needed. The primary treating physician has not explained the need for another evaluation other than stating that psychiatric treatment per the QME is requested. The AME did have specific recommendations for psychotherapy and medications. The primary treating physician did not provide any specific prescriptions for that treatment, as would be needed. The treating physician has not provided a sufficient basis for yet another psychological evaluation, and has not provided any prescription for specific treatment that might be indicated based on the psychological evaluations already performed. The requested psychological evaluation is therefore not medically necessary.

Omeprazole DR 20mg #30, 2 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 (ODG

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

Decision rationale: There are no medical reports from the primary treating physician which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. Cotherapy with an NSAID is not indicated in patients other than those at high risk. The reports do not describe the specific risk factors present in this case. The reports do not discuss the specific indications and results for this medication. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

Tylenol with Codeine #3 300-30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 65, 68, 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mec.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The treating physician has prescribed 3 short-acting opioids together, which is redundant and not according to guidelines. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific

pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The records show that this patient may be receiving opioids and other habituating medications from more than one physician. The MTUS recommends that patients receive their medication from one physician and one pharmacy. The prescribing physician describes this patient as temporarily totally disabled, which generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day, and represents a complete lack of functional improvement. Tylenol with codeine is not medically necessary based on lack of benefit from opioids to date, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

Medrox Pain Relief Ointment, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications; Medications for chronic pain Page(s): 112; 60.

Decision rationale: No reports from the treating physician address the medical necessity for Medrox or discuss the specific components and their respective indications for this injured worker. Medrox is Capsaicin/Menthol/Methyl Salicylate; this combination of medications is not recommended in the MTUS. The MTUS does not recommend 0.0375% capsaicin, as medical evidence is lacking. When indicated, capsaicin is for injured workers who have not responded to other treatments. Capsaicin was dispensed before the injured worker had failed adequate trials of other customary treatment. The MTUS page 60 does not recommend initiating multiple medications simultaneously, as this makes determination of benefit and side effects impossible. In this case, Medrox contains multiple medications (one of which is not recommended), and the MTUS does not support this kind of prescribing. Medrox is not medically necessary based on the MTUS.

Hydrocodone-APAP 10-325mg #60, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 65, 68, 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mec.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The treating physician has prescribed 3 short-acting opioids together, which is redundant and not according to guidelines. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. There is no evidence of significant pain relief or increased function from the opioids used to date. Norco was previously described as providing no pain relief, yet it has been continued. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The records show that this patient may be receiving opioids and other habituating medications from more than one physician. The MTUS recommends that patients receive their medication from one physician and one pharmacy. The prescribing physician describes this patient as temporarily totally disabled, which generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day, and represents a complete lack of functional improvement. Norco is not medically necessary based on lack of benefit from opioids to date, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

Orphenadrine ER 100mg #60, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months at minimum. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, orphenadrine is not indicated and is not medically necessary.

Tramadol HCL 50mg, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 65, 68, 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mec.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The treating physician has prescribed 3 short-acting opioids together, which is redundant and not according to guidelines. It is not clear what one of the treating physicians refers to in his statement that tramadol will decrease reliance on short-acting opioids, when tramadol is itself short-acting and classified as an opioid per the MTUS. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The records show that this patient may be receiving opioids and other habituating medications from more than one physician. The MTUS recommends that patients receive their medication from one physician and one pharmacy. The prescribing physician describes this patient as temporarily totally disabled, which generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day, and represents a complete lack of functional improvement. Tramadol and SNRI antidepressants (like Effexor) are a dangerous combination and are the subject of an FDA warning. The treating physician has not discussed this problem. Tramadol is not medically necessary based on lack of benefit from opioids to date, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.