

Case Number:	CM14-0196786		
Date Assigned:	12/04/2014	Date of Injury:	01/10/2007
Decision Date:	01/22/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	11/24/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine, 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:

The patient is a 47 year old male with an injury date on 01/10/2007. Based on the 10/28/2014 progress report provided by the treating physician, the diagnoses are:1. Discogenic cervical condition with facet inflammation and headaches presently accepted by the judge2. Hyperesthesia and neuroma along the radial aspect of the left middle finger3. Chronic pain syndromeAccording to this report, the patient complains of constant neck pain with shooting pain in the left triceps and headaches and notice "limitations with looking up and down; reaching at shoulder level or above, especially on the left side and he voids overhead activities." Physical exam reveals tenderness along the tip of the involved finger and the right cervical facet joint. Range of motion of the cervical spine is restricted.The treatment plan is request for a cervical traction, neck pillow, 12 sessions of chiropractic care, physiatrist consultation, and refill medications. The patient is recommended to "do work avoiding gripping, grasping and torqueing, bumping the finger, repetitive motion and forceful grasping and torqueing" and "avoid keeping neck still for prolonged period of time; working at or above shoulder level and forceful pushing, pulling, lifting or overhead activities."The 09/11/2014 report indicated patient's "daily pain is at 5-6/10 with the use of OxyContin. Without it, pain level will be significant higher." The patient's work status is "not working" but able to "manage to do some light chores." There were no other significant findings noted on this report. The utilization review denied the request for (1) 10 panel UDS's, (2) Flexeril 7.5mg #80, (3) Protonix 20mg #60, (4) Tramadol ER 150mg #60, (5) Percocet 10/325mg #60, (6) Fluoroscopic evaluation of the neck on 11/15/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 02/18/2014 to 11/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Panel urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines UDS Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing

Decision rationale: According to the 10/28/2014 report, this patient presents with constant neck pain with shooting pain in the left triceps and headaches. The current request is for 10 panel urine drug screen (UDS). Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records indicate the patient is currently on Tramadol ER, Percocet, and OxyContin (opiates). There is no indication that the patient has recently received a urine drug screen. The current request is supported by ODG as a low risk patient currently using opiate medications. The current request is medically necessary.

Flexeril 7.5 mg #60: Upheld

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

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

Decision rationale: According to the 10/28/2014 report, this patient presents with constant neck pain with shooting pain in the left triceps and headaches. The current request is for Flexeril 7.5mg #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. In this case, the treating physician is requesting Flexeril #60 and this medication is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, SSRIs

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

Decision rationale: According to the 10/28/2014 report, this patient presents with constant neck pain with shooting pain in the left triceps and headaches. The current request is for Protonix 20mg #60 and this medication was first noted in this report. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below: "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the reports show that the patient is not currently on NSAID and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the current request is not medically necessary.

Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 10/28/2014 report, this patient presents with constant neck pain with shooting pain in the left triceps and headaches. The current request is for Tramadol ER 150mg #60. This medication was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the reports provided by the treating physician, the patient indicates his "daily pain is at 5-6/10 with the use of OxyContin. Without it, pain level will be significant higher," and "manage to do some light chores." Other than these, the reports do not show documentation of specific ADL's. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. No opiate monitoring is discussed such as urine toxicology and CURES. Outcome

measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to clearly document the 4 A's as required by MTUS. Therefore, the current request is not medically necessary.

Percocet 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 10/28/2014 report, this patient presents with constant neck pain with shooting pain in the left triceps and headaches. The current request is for Percocet 10/325mg #60. This medication was first mentioned in the 02/18/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the reports provided by the treating physician, the patient indicates his "daily pain is at 5-6/10 with the use of OxyContin. Without it, pain level will be significant higher," and "manage to do some light chores." Other than these, the reports do not show documentation of specific ADL's. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. No opiate monitoring is discussed such as urine toxicology and CURES. Outcome measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to clearly document the 4 A's as required by MTUS. Therefore, the current request is not medically necessary.

Fluoroscopic evaluation of the neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter : Epidural steroid injections (ESIs)

Decision rationale: According to the 10/28/2014 report, this patient presents with constant neck pain with shooting pain in the left triceps and headaches. The current request is for fluoroscopic evaluation of the neck. The Utilization Review denial letter states "There is no documented

evidence to support the need for such a study outside guidelines recommendations." Regarding fluoroscopic, ODG guidelines state under epidural steroid injections, "Fluoroscopic guidance with use of contrast is recommended for all approaches as needle misplacement may be a cause of treatment failure." In this case, review of the reports provided by the treating physician, there is no indication that the patient will undergo an epidural steroid injection to recommend a fluoroscopic evaluation. Furthermore, the treating physician does not provide a medical rationale as to why the patient needs a fluoroscopic evaluation of the neck without an injection procedure. The current request is not medically necessary.