

Case Number:	CM14-0199195		
Date Assigned:	12/18/2014	Date of Injury:	11/01/2010
Decision Date:	01/26/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/26/2014

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 56 year old female with an injury date on 11/01/2010. Based on the 11/04/2014 hand written progress report provided by the treating physician, the diagnoses are: 1. C/S with Right UE radiculopathy 2. S/P Right Mumford 3. Right elbow lateral epicondylitis 4. Bilateral foot plantar fasciitis. According to this report, the patient complains of frequent, moderate, sharp 6-7/10 cervical pain. Physical exam reveals tenderness along the trapezius muscles. Range of motion is restricted. The 09/30/2014 report indicates the patient is "the same since last visit." The pain is rated as a 7/10 that is moderate to severe with dull, sharp, and burning pain. Spurling's test is positive, bilaterally. The 07/11/2014 report indicates patient's "right shoulder pain increase with ADL's and decrease with meds." Treatment to date includes cervical ESI on 10/20/2014 with 40-50 % in pain reduction in bilateral upper extremity radicular symptoms and decrease headaches. The patient work status is to "remain off work until next follow-up." There were no other significant findings noted on this report. The utilization review denied the request for (1) Ultram #120, (2) Anaprox #60, (3) Prilosec #30, (4) Zanaflex #120, and (5) random UDS on 11/19/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 07/11/2014 to 11/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 MG #120: 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; 76-78; 88, 89.

Decision rationale: According to the 11/04/2014 report, this patient presents with frequent, moderate, sharp 6-7/10 cervical pain. The current request is for Ultram 50 mg #120. This medication was first mentioned in the 07/11/2014 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. Per treating physician, the patient's pain is a 3-4/10 with medications and 6-7/10 without medications. "Duration of relief is 6 hours. Able to perform ADL's and improved participation in HEP." In this case, the reports show documentation of pain assessment with before and after analgesia is provided. General statement of ADL's is mentioned as above but no documentation as to how this medication is significantly improving the patient's ADL's and daily function. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to properly document patient's ADL's, adverse effects and adverse behavior as required by MTUS. Therefore, the request is not medically necessary.

Anaprox DS 550 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-Steroidal Anti-Inflammatory Drugs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic painAnti-inflammatory medicationsNon-steroidal anti-inflammatory dru.

Decision rationale: According to the 11/04/2014 report, this patient presents with frequent, moderate, sharp 6-7/10 cervical pain. The current request is for Anaprox DS 550 MG #60. The MTUS Guidelines page22 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of the provided records indicate Anaprox DS was first noted on the 07/11/2014 report. The patient's pain is a 3-4/10 with medications and 6-7/10 without medications. Review of reports show the patient has been prescribed Anaprox DS since 07/11/2014 and it is unknown exactly when the patient initially started taking this medication. The treating physician indicates that the patient's "pain is a 3-4/10 with medications and 6-7/10 without medications." In this case, the requested Anaprox DS appears reasonable and consistent with MTUS guidelines. The current request is medically necessary.

Prilosec 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk..

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

Decision rationale: According to the 11/04/2014 report, this patient presents with frequent, moderate, sharp 6-7/10 cervical pain. The current request is for Prilosec 20 MG #30 and this medication was first noted in the 07/11/2014 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 currently on Anaprox DS(a NSAID) and there was no mentions that the patient has 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 treating physician does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.

Zanaflex 2 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs Page(s): 66.

Decision rationale: According to the 11/04/2014 report, this patient presents with frequent, moderate, sharp 6-7/10 cervical pain. The current request is for Zanaflex 2 MG #120. This medication was first noted in the 07/11/2014 report. MTUS guidelines do support Zanaflex for chronic low back pain, myofascial pain and fibromyalgia pains. In this case, given the patient's chronic pain, the use of this medication may be indicated. However, the treating physician does not explain how this medication is being used with what effectiveness. The MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. The request is not medically necessary.

Random Urine Drug Screen: 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), TWC Pain Procedure Summary, Urine Drug Testing (UDT).

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 under urine drug testing.

Decision rationale: According to the 11/04/2014 report, this patient presents with frequent, moderate, sharp 6-7/10 cervical pain. The current request is for Random Urine Drug Screen. 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. Review of the available medical records indicate the patient is currently on Ultram (an opiate) and UR allures that a 10 panel random urine drug screen "was partially certified" on 07/28/14. In this case, the treating physician provided no discussions regarding the patient adverse behavior with opiates use. The treating physician does not explain why another UDS is needed. There is no discussion regarding this patient' opiate use risk. Therefore, the request is not medically necessary.