

Case Number:	CM14-0199221		
Date Assigned:	12/09/2014	Date of Injury:	12/01/2002
Decision Date:	03/12/2015	UR Denial Date:	11/20/2014
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. 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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 50 year old female with a date of injury of 12/01/2002 to her neck and right shoulder. Nerve conduction studies revealed a C5-C6 and C8-T1 radiculopathy. Diagnoses included cervical radiculopathy and chronic right rotator cuff tear. Surgeries included right shoulder arthroscopic debridement and capsular release surgery in 2011 and C4-C5, C5-C6 anterior discectomy with fusion on 07/09/2012, pending right shoulder surgery on 10/22/2014. She made progress with physical therapy following the initial shoulder surgery. She was taking Klonopin, Percocet, Voltaren gel, Colace, Senokot, and Protonix. Prior to the cervical surgery, preoperative consultation on 6/28/12 documents a medical history of gastroesophageal reflux disease (GERD). The physician progress note of 3/27/13 documents that activity level has decreased but that pain has improved; she reported she still had pain symptoms on a continuous basis but they are alleviated somewhat by current medications. A urine drug screen was performed on 4/2/14. There was no evidence of complication and no prevertebral or retropharyngeal soft tissue pathology identified. On 08/12/2014 a cervical magnetic resonance imaging (MRI) revealed appropriate post-operative changes with no explanation for the right neck/shoulder symptoms. On 09/17/14 it was noted that gastrointestinal symptoms/heartburn were improved with Protonix, constipation was well controlled with Colace and Senokot, and that she derives functional benefit and symptom relief from her current medication regimen, but specific functional benefit was not noted and activity level was noted to have remained the same. It was noted that GI upset occurs secondary to Percocet. It was noted that she had spasms in her neck and throat region, feeling like she is choking at times. On 11/12/2014 she reported that the

neck and shoulder pain was 10/10 without medication and 8/10 with medication. She has a smoking history and continued to smoke. She had a decreased cervical and bilateral shoulder range of motion. Work status was documented as Permanent and Stationary (P&S). She had continued Percocet treatment for over a year. It was noted that weaning had been attempted in the past but that she was unable to tolerate, and that the current dosage optimizes her function. Referral to ENT specialist for discussion of laryngeal dysfunction possibly related to spine surgery was noted. The treating physician is requesting Percocet 10/325 #180, Colace 100 mg #60 with 5 refills, Senokot 187mg #30, unknown prescription of Voltaren gel, an ear, nose, and throat (ENT) specialist consultation, and Protonix 20mg #30. On 11/20/14, Utilization Review modified a request for Percocet 10/325 #180 to Percocet 10/325 #65, modified a request for Colace 100 mg #60 with 5 refills to Colace 100mg #60 with 0 refills, modified a request for Senokot 187mg #30 with 5 refills to Senokot 187mg #30 with 0 refills, and non-certified request for unknown prescription of Voltaren, ear, nose, and throat (ENT) specialist consultation, and Protonix 20mg #30. Utilization Review cited the California MTUS, the Official Disability Guidelines (ODG), and additional clinical practice guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids On-Going Management Page(s): 74-96 and 78-79.

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, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Percocet has been in use for more than one year. There is no evidence of increased function from the opioids used to date. The treating physician notes that the use of Percocet has allowed the injured worker to perform household tasks, but there has not been return to work, improvement in the activities of daily living documented, or evidence in decrease in dependence on medical care, as office visits continue at the same frequency and medication use has not decreased. Only one urine drug screen was included in the documentation submitted, and there was no documentation of an opioid contract. No functional goals were documented. 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 physician documented on 11/12/14 that the injured worker denied any new adverse effects from medications; however previous report noted gastrointestinal symptoms as a result of Percocet treated with Protonix. The continued use of Percocet is not in accordance with the MTUS guidelines. The request for Percocet 10/325 #180 is not medically necessary.

Unknown prescription of voltaren: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical nonsteroidal anti-inflammatory agents (NSAIDs) such as Voltaren gel are indicated for osteoarthritis and tendinitis, in particular that of the ankle, elbow, foot, hand, knee, and wrist. Short term use (4-12 weeks) is recommended. Maximum dose should not exceed 32 grams per day. Adverse effects include gastrointestinal symptoms. The request is for an unspecified amount and duration of use. The documentation indicates that Voltaren was prescribed for shoulder pain due to intolerance to oral NSAIDs. The documentation also indicates that the injured worker had a history of gastroesophageal reflux disease. There was no documentation of functional improvement as a result of use of this medication and records indicate it has been in use for longer than the recommended duration. Due to the unspecified amount of the medication requested in light of specific guidelines for dose and duration, as well as the known history of gastroesophageal reflux disease in this injured worker and the potential for side effects, the request for unknown prescription for Voltaren gel is not medically necessary.

ENT specialist consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical practice guidelines; hoarseness (dysphonia). Otolaryngol Head Neck Surg. 2009 Sep;141(352);S1-S31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, office visits.

Decision rationale: The ODG recommends office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation notes that in July 2012 the injured worker reported swallowing difficulties after cervical spine surgery. In June of 2012 a cervical spine x-ray showed no prevertebral or retropharyngeal soft tissue pathology, and in August 2012 a cervical magnetic resonance imaging (MRI) showed appropriate postoperative changes with no explanation of the injured worker's neck or throat symptoms. Spasms in the neck and throat region with feeling of choking were documented at a visit in October 2014. Given the IW's symptoms, smoking history and the anterior cervical discectomy, referral to an ear, nose and throat (ENT) specialist requested for evaluation of laryngeal dysfunction possibly related to spine surgery is medically necessary.

Protonix 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, proton pump inhibitors.

Decision rationale: Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The injured worker is less than 65 years of age, is not taking high dose or multiple NSAIDS, and is not on concurrent aspirin/corticosteroids/anticoagulants. There was a history of gastroesophageal reflux disease documented, as well as history of heartburn secondary to Percocet; however the continued use of Percocet has not been determined to be medically necessary. There is no documentation of GI bleed or peptic ulcer disease. The request for Protonix 20 mg #30 is not medically necessary.

Colace 100mg #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Iowa Gerontological Nursing Interventions Research Center

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioid-induced constipation treatment.

Decision rationale: The MTUS advises monitoring for adverse effects of opioids used for chronic pain. The ODG recommends that if prescribing opioids has been determined to be appropriate, then prophylactic treatment of constipation should be initiated. First line treatments include increasing physical activity, maintaining proper hydration, and proper diet rich in fiber. Second line options include medication for constipation. The documentation notes that the injured worker's constipation was controlled with Colace and Senokot; however, the continued use of Percocet has been determined to be not medically necessary. The request for Colace 100 mg #60 with 5 refills is not medically necessary.

Senekot 187mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioid-induced constipation treatment.

Decision rationale: The MTUS advises monitoring for adverse effects of opioids used for chronic pain. The ODG recommends that if prescribing opioids has been determined to be appropriate, then prophylactic treatment of constipation should be initiated. First line treatments include increasing physical activity, maintaining proper hydration, and proper diet rich in fiber. Second line options include medication for constipation. The documentation notes that the injured worker's constipation was controlled with Colace and Senokot; however, the continued use of Percocet has been determined to be not medically necessary. The request for Senokot 187 mg #30 with 5 refills is not medically necessary.