

Case Number:	CM14-0203347		
Date Assigned:	12/16/2014	Date of Injury:	10/05/2011
Decision Date:	02/10/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/04/2014

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 Practice 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:

This 32 year old male sustained a work related injury on 10/05/2011. The injury occurred when he slipped on a hose and injured his back. On 04/15/2014 the injured worker underwent bilateral L4, L5, sacral ala, and S1 dorsal ramus medial branch nerves radiofrequency rhizotomy under fluoroscopy guidance. As of a progress report dated 03/26/2014, current medications included Vicodin 5/500mg one by mouth four times a day as needed, Neurontin 300mg one by mouth three times a day and Norflex 100mg one by mouth three times a day. Prescriptions were given for Norco 5/325mg one by mouth three times a day as needed #90, Ibuprofen 800mg by mouth three times a day and Prilosec 20mg everyday #30. As of a progress noted dated 06/20/2014, the injured worker was seen for chronic neck and low back pain. According to the provider, the injured worker was better since his last injection. He reported 80 percent pain relief since the bilateral L4-S1 radiofrequency rhizotomy that was performed on 04/15/2014. He had decreased his medications since then. The injured worker reported that the benefit of chronic pain medication maintenance regimen, activity restriction and rest and that it continued to keep pain within a manageable level to allow him to complete necessary activities of daily living. His status was permanent and stationary. Medications included Vicodin, Neurontin, Norflex, Prilosec, Ibuprofen and Norco. Diagnoses included lumbar facet arthrosis (benefited close to one year with past radiofrequency rhizotomy, now needing another one), cervical strain and sprain and myofascial pain problem. Recommendations included use of heat, ice, rest and gentle stretching and exercise that could be tolerated without exacerbating pain. An authorization request was made for continued coverage of chronic pain medication regimen. Other recommendations included continue same meds and return in one month for continued evaluation and treatment including medication management. Laboratory reports were not submitted for review. An updated signed pain contract was not submitted for review. There was

no chiropractic treatment notes submitted for review. On 11/20/2014, Utilization Review modified Vicodin 5/500mg #90 with 3 refills and 12 chiropractic treatments and non-certified Prilosec 20mg #30 with 3 refills. According to the Utilization Review physician, in regards to Vicodin, there was documentation of ongoing efficacy with medication use. There was indication of a prior pain contract from 2012. However, the provided records lacked clear documentation of a recent urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant. Certification for a one month supply was provided to allow opportunity for submission of medication compliance guidelines including documentation of current urine drug test, risk assessment profile, attempt at weaning/tapering and an updated and signed pain contract between the provider and claimant (2012 is not current). In regards to the Prilosec, the provided records did not indicate that the injured worker suffered from any of the risk factors which included: older than 65, history of peptic ulcer, gastrointestinal bleeding or perforation, gastrointestinal esophageal reflux disorder, concurrent use of aspirin, corticosteroid and/or an anticoagulant or high doses/multiple non-steroidal anti-inflammatory use. In addition, there was no evidence provided that the injured worker suffered from dyspepsia as a result of the present medication regimen. In regards to the 12 sessions of chiropractic care, the records indicated that the injured worker has been treated with both physical methods and medications and remained symptomatic despite treatment. Documents indicate evidence of object findings on both diagnostic studies and physical exams. Guidelines recommend an initial trial before consideration of additional treatment. Given the ongoing symptomatology supported with objective findings on examination and diagnostic testing and failure of other options already, a trial with chiropractic care was medically reasonable. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg #90 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Criteria for use of Opioids; Therapeutic Trial of Opioids Page(s): 76.

Decision rationale: Vicodin 5/500mg #90 with 3 Refills is an opioid analgesic According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a

documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided with this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Vicodin 5/500mg #90 with 3 Refills is not established for this patient.

Chiropractic Treatments to Cervical and Lumbar Spine 12 X 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." Patient has received an unspecified number of conservative care visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of the request for Chiropractic Treatments to Cervical and Lumbar Spine 12 X 1 is not fully established for this patient.

Prilosec 20mg #30 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when- "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDS is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Prilosec 20mg #30 with 3 Refills is not fully established in this patient.