MAXIMUS Federal Services

Case Number:	CM14-0206465		
Date Assigned:	12/18/2014	Date of Injury:	12/03/2013
Decision Date:	05/04/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/10/2014

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54-year-old male, who sustained an industrial injury on 12/3/13. He has reported back and left wrist injury. The diagnoses have included persistent left wrist pain and low back pain. Treatment to date has included medications, diagnostics, physical therapy and Home Exercise Program (HEP). The x-rays of the lumbar spine were done on 12/3/13 and the left wrist was done on 12/3/13. Magnetic Resonance Imaging (MRI) of the left wrist was done on 2/5/14. The current medications included Norco, Relafen, Prilosec and Colace. Currently, as per the physician progress note dated 10/6/14, the injured worker complains of left wrist pain. He states that he has finished physical therapy for the low back and he continues with Home Exercise Program (HEP). The physical therapy was beneficial for low back but he continues to have left wrist pain. He states that he is doing well with the current medications and that they allow him to stay functional and manage his pain. The objective findings revealed tenderness to palpation over the left wrist on the radial side with positive Finkelstein test. There was deep pain into the internal wrist joint. The physician treatment plan was to continue current medications, physical therapy for left wrist due to continued left wrist pain and follow up visit. The physician requested treatments included Retrospective: Relafen 750mg #60 refills #1, Retrospective: Norco 10/325mg #120, refill 1 and Retrospective Prilosec 20mg #30 refill 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Relafen 750mg #60 refills #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 10th ed. McGraw Hill, 2011: Physician's Desk References, 59th ed. Medical Economics, 2005 www.RxList.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Retrospective: Relafen 750mg #60 refills #1 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on NSAIDS for an extended period without evidence of functional improvement and with persistent pain. The patient was originally placed on Motrin on 12/3/13 and switched to Relafen on 2/24/14. The request for continued Relafen is not medically necessary, as there is no evidence of long-term effectiveness of NSAIDS for pain or function. The documentation indicates that the patient has chronic pain and has been using this medication long term, which is against the MTUS guidelines. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. There is no evidence of functional improvement from prior Relafen use. There is no evidence of monitoring of blood pressure or for side effects from long-term use of this medication. For all of these reasons the request for continued Relafen use is not medically necessary.

Retrospective: Norco 10/325mg #120, refill 1: 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 Ongoing management Page(s): 78-80.

Decision rationale: Retrospective: Norco 10/325mg #120, refill 1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not clearly reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side

effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long term uploads (Vicodin was originally prescribed 12/3/13) without significant functional improvement therefore the request for Norco is not medically necessary.

Retrospective Prilosec 20mg #30 refill 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 10th ed. McGraw Hill, 2011: Physician's Desk References, 59th ed. Medical Economics, 2005 www.RxList.com.

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

Decision rationale: Retrospective Prilosec 20mg #30 refill 1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID, induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor. The documentation indicates that the NSAID Relafen was not medically necessary therefore, the request for Prilosec 20 mg # 30 is not medically necessary.