

Case Number:	CM14-0051055		
Date Assigned:	06/23/2014	Date of Injury:	06/17/2004
Decision Date:	04/20/2015	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/20/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female who reported an injury on 06/17/2004. The mechanism of injury was not provided. The documentation indicated that the injured worker had been utilizing Naprosyn and opiates since at least 2012. The injured worker underwent a medial branch block at C2-4 bilaterally on 05/29/2013. The documentation of 02/24/2014 revealed the injured worker had low back pain and the severity was 7/10 to 8/10. Lifting made the pain worse. The mechanism of injury was not provided. The injured worker was noted to pay for Percocet 10/325 mg for an acute exacerbation of pain. The injured worker had x-rays which were reviewed for fracture, instability, or loosening of the hardware which none was noted to be apparent. The physician requested physical therapy for an acute exacerbation of spinal pain and the injured worker was noted to undergo trigger point injections secondary to myofascial pain. The medications included Ativan 0.5 mg as needed, Naprosyn 500 mg, omeprazole 20 mg, Paxil 10 mg, Percocet 10/325 mg, pravastatin 40 mg tablets, and Zanaflex 2 mg tablets. The surgical history was noncontributory. The physical examination revealed the injured worker had muscle strength of 5/5. The injured worker had obvious findings for impingement and a likely tear in the right shoulder with both active and passive testing. Physical examination of the cervical spine revealed pain to palpation over C2-4 facet capsules bilaterally. The lumbosacral spine examination revealed pain with Valsalva and a positive fabere maneuver on the left, as well as a positive Patrick's maneuver on the left. The documentation indicated the physician opined the injured worker was markedly worsening with increased pain on physical examination and myofascial pain and the injured worker had severe pain to ambulation. The diagnosis included

cervical facet syndrome, cervical radiculitis, and cervical spinal stenosis. The injured worker was noted to be status post fusion at C5-7. The injured worker underwent an MRI of the cervical spine and lumbar spine and x-rays. The treatment plan included physical therapy and trigger point injections, Naprosyn 500 mg 1 twice a day, omeprazole 20 mg 1 by mouth once a day, Percocet 10/325 mg 1 every 4 hours, and Zanaflex 2 mg 1 tablet at bedtime. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg/hour patch, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement with decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated a secondary request was made for a urine drug screen, which would support that the injured worker was being monitored for aberrant drug behavior. However, there was a lack of documentation of objective pain relief and objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Butrans 5 mcg/hour patch #4 is not medically necessary.

Naprosyn 500mg, #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Naprosyn 500 mg #60 with 3 refills is not medically necessary.

Percocet 5/325mg, #180: 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, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement with decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated a secondary request was made for a urine drug screen, which would support that the injured worker was being monitored for aberrant drug behavior. However, there was a lack of documentation of objective pain relief and objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 5/325 mg #180 is not medically necessary.

1 Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of addiction, abuse, or poor pain control. The clinical documentation submitted for review failed to provide documentation that the injured worker had documented issues of addiction, abuse, or poor pain control. Given the above, the request for 1 urine drug screen is not medically necessary.