

Case Number:	CM15-0002238		
Date Assigned:	01/13/2015	Date of Injury:	01/28/2002
Decision Date:	03/12/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	01/05/2015

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: Family Practice

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 54 year old male sustained a work related injury on 01/28/2002. According to a progress noted dated 09/26/2014, the injured worker's medication regimen included Anaprox DS, Doral, Fexmid, Norco 10, Prilosec and Ultram ER. Medications and compound creams were noted to help minimize the pain while at work. He continued to complain of pain in the lower back radiating down both legs, greater in the right side with numbness and tingling. Pain had increased due to increased activities as work. Diagnoses included cervical discopathy with disc displacement, lumbar discopathy with disc displacement, lumbar radiculopathy, and bilateral sacroiliac arthropathy. According to a progress report dated 11/29/2014, the injured worker continued to complain of pain in the low back radiating down both legs with numbness and tingling. He had increased pain with increased activity at work. Medication and compound cream helped to minimize pain while at work. According to the provider, the injured worker had also had one out of eight sessions of physical therapy that he reported was helpful in alleviating his pain. The injured worker's only medication was Fexmid since his last visit of 10/27/2014. Physical therapy session notes were submitted for review. Visit number 5 dated 12/22/2014 noted assessment/diagnosis as muscle weakness left upper extremity/lower extremity cervical/lumbar muscle spasming. Rehab potential: good. On 12/13/2014, Utilization Review non-certified Fexmid 7.5mg #120, Norco 10/325mg #120, Prilosec 20mg #90, Ultram ER 150mg #90, 24 sessions of physical therapy and 1 urine toxicology test. According to the Utilization Review physician, the injured worker had long term use of Fexmid and continuation was not supported by guidelines. In regards to Norco, the injured worker's subjective and objective

findings when taking opioid medication did not show a significant difference when compared to the reported findings from when the injured worker was using the medication. Due to the lack of documented functional improvement, tapering was recommended and supported in review #1104978. In regards to Prilosec, the injured worker did not demonstrate any risk factors for gastrointestinal events. In regards to Ultram, the injured worker did not demonstrate quantified pain or functional improvement while taking opioid medication. In regard to physical therapy, the injured worker completed one physical therapy session out of eight with no indications of functional improvement. Guidelines recommend 8-10 visits, however, the injured worker has yet to complete eight trial sessions. In regard to a urine toxicology screen, the injured worker is not a candidate for opioid therapy at this time and therefore drug testing is not needed. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines Fexmid, Opioids, Proton Pump Inhibitory, NSAIDS, GI Symptoms & cardiovascular risk and Urine Toxicology Test and Official Disability Guidelines Physical Medicine Guidelines. 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:

(1) Prescription of Fexmid 7.5mg #120: Upheld

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

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

Decision rationale: Fexmid is topical cyclobenzaprine which is a muscle relaxant. There is no evidence for use of muscle relaxants a topical product.

(1) Prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6

months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Norco.

(1) Prescription of Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs), NSAIDs, GI symptoms & cardiovascular.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: Proton pump inhibitors such as omeprazole are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was at risk for gastrointestinal events. Therefore, omeprazole cannot be considered to be medically necessary.

(1) Prescription of Ultram ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Ultram.

24 Session of Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and myositis the allowed amount is 9-10 visits over 8 weeks. For neuralgia, neuritis and radiculitis the allowed amount is 8-10 visits over 8 weeks. Passive therapies are appropriate during the early phases of pain treatment. Beyond that therapy should be directed at the establishment of an active exercise program that can be continued at home. 24 sessions of physical therapy is excessive, particularly without documentation of progress in initial sessions and provision of a rationale for an extended number of visits.

1 Urine toxicology test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43 and 78.

Decision rationale: Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Drug screening should be considered in patients on opioids when there are issues of abuse, addiction or poor pain control. In this case, however, the continued use of opioids is not medically necessary, therefore, urine drug testing is not medically necessary.