

Case Number:	CM15-0003252		
Date Assigned:	01/14/2015	Date of Injury:	11/06/2012
Decision Date:	03/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/07/2015

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: California

Certification(s)/Specialty: Emergency 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 68 year old female who sustained an industrial injury reported on 11/6/2012. She has reported radiating cervical and lumbar spine pain. The diagnoses have included left shoulder labral tear; left shoulder acromioclavicular osteoarthritis; bilateral knee patellofemoral syndrome; and left shoulder surgery (12/2/13). Treatments to date have included consultations; laboratory and imaging; left shoulder surgery (12/2/13); and medication management. The work status classification for this injured worker is not noted. On 12/24/2014 Utilization Review non-certified, for medical necessity, the request Norco 10/325mg #60, Flexeril 7.5mg #60, Protonix 20mg #30, Ambien 10mg #30, and urine drug screen, the Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, and the Official Disability Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

Decision rationale: The requested Norco 10/325mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has, radiating cervical and lumbar spine pain. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living, or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #60 is not medically necessary.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page 63-66 Page(s): Pages 63-66.

Decision rationale: The requested; Flexeril 7.5mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has chronic radiating cervical and lumbar pain. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 7.5mg #60 is not medically necessary.

Protonix 20mg #30: Upheld

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

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

Decision rationale: The requested Protonix 20mg #30 is not medically necessary. California's Division of Workers Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has chronic radiating cervical and lumbar pain. The treating physician has not documented medication-induced GI complaints or GI risk factors or functional improvement from its use. The criteria noted above not having been met, Protonix 20mg #30 is not medically necessary.

Relafen 750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): Page 22.

Decision rationale: The requested Relafen 750mg #60 is not medically necessary. California's Division of Workers Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has chronic radiating cervical and lumbar pain. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use or hepatorenal lab testing. The criteria noted above not having been met, Relafen 750mg #60 is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Chapter Pain Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications

Decision rationale: The requested Ambien 10mg #30 is not medically necessary. CA MTUS is silent. ODG -TWC, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications; note "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has chronic radiating cervical and lumbar pain. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10mg #30 is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, Drug testing Page(s): 43.

Decision rationale: The requested Urine drug screen is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has chronic radiating cervical and lumbar pain. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months or what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine drug screen is not medically necessary.