

Case Number:	CM15-0007969		
Date Assigned:	01/26/2015	Date of Injury:	02/09/2007
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/14/2015

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: Internal 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:

This is a 64 year-old female who has reported mental illness and back, hip, and right knee pain after she fell on February 9, 2007. The diagnoses have included depression, chronic back pain status post lumbar surgery, lumbar radiculitis, facet arthropathy, lumbar myofascial strain, lumbar stenosis, and lumbar degenerative disc disorder. Treatment has included lumbar fusion followed by removal of hardware in 2013, monthly psychotherapy, physical therapy, acupuncture, chiropractic, injections, and medications. She had a bariatric surgery on 6/24/14, with no details in the available medical records. In the reports from the PTP during 2014, there is ongoing back, leg, and, knee pain; depression, and poor sleep. The injured worker has not worked since 2011. The injured worker has denied stomach pain or nausea, although the chronic prescribing of omeprazole is stated to be for 'stomach pain.' Omeprazole was prescribed chronically prior to the bariatric surgery. The report of 10/15/14 states that tramadol and Norco are necessary for analgesia, that Norco is transitioning to tramadol, that multiple short-acting medications help avoid tolerance, and that they allow her to walk 20 minutes with a cane and walker. All reports of function show that the injured worker has very limited ability to perform even light activity. Opioids have been prescribed for at least 5 months prior to the current request for additional Norco and tramadol. There are no records of any drug testing. On 11/25/14 the injured worker was evaluated by a PMR specialist. There were ongoing back and radicular symptoms. The injured worker stated that she was worse. The ongoing medications included all those in the treatment plan. There was no discussion of the specific results of using these medications. The EMG in 2014 showed a lumbar radiculopathy. Imaging showed multilevel

spondylosis. No spasm was described. The treatment plan included the items now under Independent Medical Review. The Prilosec was stated to be for 'medication tolerance given hx of bariatric surgery.' The specific gastrointestinal issues were not otherwise discussed. A urine drug screen was collected and report to 'demonstrate consistency,' with actual results or other details given. Zanaflex was given for 'spasms.' Ketoprofen was given for back pain. There was no work status or discussion of function. A psychologist report of 12/3/14 notes that all of her medications are helpful, without giving specific details. On January 9, 2015, Utilization Review non-certified medial branch blocks, Norco 5/325 mg, quantity #30, Omeprazole 20 mg twice daily, quantity 360, CM-3 Ketoprofen cream 20%, Tramadol/APAP 37.5/325 mg #60, Zanaflex 4 mg #30, and a retrospective urine drug screen. The Official Disability Guidelines and the MTUS, Chronic Pain guidelines were cited. Note was made of radiculopathy. These decisions were 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:

Medial branch block bilateral L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline(ODG) (<http://odg-twc.com/odgtwc/low-back.htm>), lumbar facet injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12 - Radiofrequency ablation and medial branch blocks, Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Facet joint radiofrequency neurotomy, Facet joint medial branch blocks

Decision rationale: The ACOEM Guidelines do not recommend facet joint injections for low back conditions (page 309). Per page 300 of the ACOEM Guidelines, lumbar facet neurotomies and differential medial branch blocks may be used for patients with low back pain. The Official Disability Guidelines recommend against facet joint injections, and provide equivocal support for medial branch blocks followed by radiofrequency ablation. The MTUS, Chronic Pain section, does not provide direction for facet blocks. The proper procedure for performing facet blocks/medial branch blocks is described in the Official Disability Guidelines. The treating physician has not provided a prescription which has enough detail to determine compliance with guidelines. Facet blocks are not medically necessary unless there is a prescription which is not only consistent with the guidelines, but which also provides enough detail to ensure that the procedure will be performed with sufficient compliance to the necessary protocol. The Official Disability Guidelines recommend against medial branch blocks for patients with radiculopathy. The records clearly show a diagnosis of radiculopathy with corroborating clinical findings. The treating physician did not address function adequately. As noted in the MTUS, all treatment for chronic pain should have as its goal functional improvement, not cure of pain. A treatment plan which does not describe specific plans for functional improvement is not adequate for treatment of chronic pain. The request for medial branch block bilateral L4-5, L5-S1 is therefore not medically necessary.

Omeprazole (Prilosec) 20mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. Depending on the report, omeprazole has been prescribed for unspecified medication intolerance after bariatric surgery [omeprazole was ongoing prior to this surgery], or for stomach pain [reports show that the injured worker denies stomach pain]. The treating physician has not discussed medications likely to adversely affect the acid milieu of the upper gastrointestinal tract. Omeprazole is not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity, conflicting medical records, and risk of toxicity.

CM-3 Ketoprofen Cream 20% (dispensed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) (<http://www.odg-twc.com/odgtwc/pain.htm#Topicalanalgesics>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60; 111-113.

Decision rationale: Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Specific benefit is not described for topical ketoprofen. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS, topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for axial pain, which is how ketoprofen was prescribed for this injured worker. Note that topical ketoprofen is not FDA approved, and is not recommended per the MTUS. Treatment with ketoprofen has been chronic, not short-term as recommended in the MTUS. Topical ketoprofen is not medically necessary based on the MTUS and lack of any specific benefit.

Tramadol/APAP (Ultracet) 37.5/325mg Q12h PRM #60 (dispensed): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Me.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects other than possibly a contract are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, 'mechanical and compressive etiologies,' and chronic back pain. Aberrant use of opioids is common in this population. There is no evidence of significant pain relief or increased function from the opioids used to date. Pain levels are routinely high, and function is very poor as reported directly by the injured worker as well as the primary treating physician. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The prescribing physician describes this patient as not working, which fails the 'return-to-work' criterion for opioids in the MTUS. Function is otherwise not addressed in any significant detail. As currently prescribed, tramadol with acetaminophen does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Zanaflex 4mg QHS PRN #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months at least. Treatment for spasm is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants to date. Note that tizanidine, when indicated, can be hepatotoxic. There are no reports which show that liver function tests are monitored. Per the MTUS, tizanidine is not indicated and is not medically necessary.

Norco 5/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Me.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects other than possibly a contract are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, 'mechanical and compressive etiologies,' and chronic back pain. Aberrant use of opioids is common in this population. There is no evidence of significant pain relief or increased function from the opioids used to date. Pain levels are routinely high, and function is very poor as reported directly by the injured worker as well as the primary treating physician. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The prescribing physician describes this patient as not working, which fails the 'return-to-work' criterion for opioids in the MTUS. Function is otherwise not addressed in any significant detail. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Retrospective: Urinary drug screen DOS 11/25/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On going management of Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction; urine drug screen to assess for the use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, 2013, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens

Decision rationale: The treating physician has not provided enough specific information regarding the medical necessity for a urine drug screen. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS, as noted above, and the opioids currently prescribed are not medically necessary. The treating physician did not list any of the drugs to be tested. It is critical that testing assay the necessary drugs, and not include irrelevant drugs (as is often the case). The collection procedure was not specified. The details of testing have not been provided. The results of the test were not provided. If the test results were 'consistent' as stated, there is no need to send the specimen for confirmation. Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. The treating physician did not adequately address these issues to ensure that testing is done appropriately and according to guidelines. Strict collection procedures must be followed, testing should be appropriate and relevant to this patient, and results must be interpreted and applied correctly. Given that the treating physician has not provided details of the proposed testing as discussed above, and the

lack of an opioid therapy program in accordance with the MTUS, the urine drug screen is not medically necessary.