MAXIMUS Federal Services

Case Number:	CM15-0010383		
Date Assigned:	02/12/2015	Date of Injury:	09/26/1997
Decision Date:	04/10/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/19/2015

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, Hospice & Palliative 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 76 year old male, who sustained an industrial injury on September 26, 1997. He has reported low back and right ribs injuries. The diagnoses have included lumbar musculoligamentous injury with bilateral lower extremity radicular symptoms and lumbar facet syndrome. Treatment to date has included physical therapy, home exercise program, H-wave unit, CT scan, epidural steroid injections, and pain, muscle relaxant, and non-steroidal anti-inflammatory medications. On December 7, 2014, the injured worker underwent a lumbar epidural steroid injection, which relieved his pain by 80%. On December 16, 2014, the treating physician noted lower back pain. The pain level rated 2 on a scale from 0-10, to as high as 10. The physical exam revealed tenderness to palpation of the bilateral posterior lumbar musculature with increased rigidity, mildly decreased range of motion with obvious muscle guarding, bilateral decreased Achilles tendon reflexes, and bilateral decreased motor strength with ankle flexion, ankle extension, and great toe extension. The treatment plan included pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory medications. On January 19, 2015, the injured worker submitted an application for IMR for review of requests for Ultracet 37.5/325mg #60, Prilosec 20mg BID PRN (twice a day as needed) #60, Anaprox DS 550mg BID PRN (twice a day as needed) #60, and confirmatory drug testing. The Ultracet was modified based on the guidelines recommend short-term use of opioid medications, and the injured worker's pain level was markedly reduced to a mild level and more severe pain was apparently infrequent,. The amount of opioids prescribed was too high for the guidelines recommendations. The Prilosec was modified based on the lack of documentation of any specific

upper gastrointestinal diagnoses or symptoms, but did document other risk factors of chronic pain and stress, poor eating habits, alcohol use, and smoking use. In addition, continued non-steroidal anti-inflammatory drug use was not approved. The Anaprox was non-certified based on non-steroidal anti-inflammatory drugs are recommended for short-term use only, as there are increased risks for cardiovascular and gastrointestinal side effects from non-steroidal anti-inflammatory drugs. The confirmatory drug testing was non-certified based on lack of documentation of any prior urine drug screen testing or behaviors that would suggest medication abuse in this case. Patients at low risk of addiction/aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60: Upheld
Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Tramadol with acetaminophen is a medication in the opioid and general pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was suffering from lower back pain that improved dramatically with medication injected near the spinal nerves. The documented pain assessments were minimal and included few of the elements encouraged by the Guidelines. There was no indication the worker had improved pain intensity or function with this specific medication, description of how often this medication was needed and taken, and documented exploration of potential negative effects. In addition, these records report the worker had dramatic improvement in the pain intensity yet there was no discussion suggesting a trial of decreased opioid medication to ensure the lowest dose needed was used. In the absence of such evidence, the current request for 60 tablets of Ultracet (tramadol with acetaminophen) 37.5/325mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.

Prilosec 20mg BID PRN #60: 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 NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: Prilosec (omeprazole) is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing lower back pain. There was no description of negative effects from the NSAID the worker was also actively taking or a suggestion the worker had any of the above conditions. Further, treatment recommendations continued to include NSAID therapy. In the absence of such evidence, the current request for sixty tablets of Prilosec (omeprazole) 20mg taken twice daily as needed is not medically necessary.

Anaprox DS 550mg BID PRN #60: Upheld

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

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

Decision rationale: Anaprox-DS (naproxen) is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing lower back pain. There was no discussion describing improved pain intensity, function, and/or qualify of life with the specific use of this medication or providing an individualized risk assessment for its use. In the absence of such evidence, the current request for sixty tablets of Anaprox-DS (naproxen) 550mg taken twice daily as needed is not medically necessary.

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing lower back pain. Treatment recommendations included the use of a restricted medication in the opioid class. Attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. In light of this supportive evidence, the current request for urinary drug screen testing is medically necessary.