

Case Number:	CM15-0017936		
Date Assigned:	02/05/2015	Date of Injury:	10/07/2011
Decision Date:	04/01/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/30/2015

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: 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 female, who sustained an industrial injury on 10/07/2011. On provider visit dated 12/19/2014 the injured worker has reported right elbow and low back pain that radiated to right leg and foot. On examination she was noted to have left elbow tenderness and a decreased range of motion, crepitus to right lateral elbow, numbness laterally to right hand, and tenderness to paraspinal muscle was noted. The diagnoses have included degenerative joint disease of lumbar spine, back pain and elbow pain. Treatment to date has included medication. Treatment plan included refilling previous prescribed medication. On 01/16/2015 Utilization Review non-certified Cyclobenzaprine HCL 5mg #60, Norco 10/325mg #60, Voltaren XR 100mg #60 with 1 refill, and 5 panel urine drug screen, noting as not medically necessary. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

Decision rationale: This patient presents with right elbow pain and low back pain that radiates to the right leg and foot. The request is for CYCLOBENZAPRINE HCL 5mg #60 per 12/19/14 report. The work status is working with limitation or restrictions per 09/25/14 report. MTUS page 63 for muscle relaxants state the following: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. MTUS guidelines for muscle relaxants for pain page 63 states the following: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS does not recommend more than 2-3 weeks for use of this medication. Review of the reports show that this patient has been on this medication since at least 03/15/13 and the treater does not mention that it is to be used for short-term only. MTUS supports this medication for a short-term use only for no more than 2-3 weeks to address acute flare-up's or new injuries. The request IS NOT medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with right elbow pain and low back pain that radiates to the right leg and foot. The request is for NORCO 10/325mg #60 per 12/19/14 report. The request was certified by the utilization review letter dated 01/16/15 with modification to Norco 10/325mg #45. The patient is working with limitation or restrictions per 09/25/14 report. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports does not show when the patient started NORCO but the patient has been on this medication as early as 01/16/13. In this case, none of the reports show documentation of pain assessment using a numerical scale and the patient's functional changes are not shown. No outcome measures were provided and specific ADL's are not documented showing significant improvement. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

Voltaren XR 100mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Diclofenac.

Decision rationale: This patient presents with right elbow pain and low back pain that radiates to the right leg and foot. The request is for VOLTAREN XR 100mg #60 with 1 refill per 12/19/14 report. The work status is working with limitation or restrictions per 09/25/14 report. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. However, for Diclofenac, ODG guidelines provide a specific discussion stating, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." It goes on to state that there is substantial increase in stroke. Review of reports shows that the patient has been on this medication since at least 03/15/13. None of the report documented its efficacy and why the treater has chosen this particular NSAID with a high risk profile. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. The request IS NOT medically necessary.

15 panel urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug screen.

Decision rationale: This patient presents with right elbow pain and low back pain that radiates to the right leg and foot. The request is for one 5 PANEL URINE DRUG SCREEN per 12/19/14 report. The work status is working with limitation or restrictions per 09/25/14 report. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the patient has been on Norco prior to 01/16/13. The treating physician provided Urine toxicology screen from 01/16/13 which showed positive for opiates. There is no documentation on reports that the patient had periodic urine toxicology

for chronic opiate use. ODG and MTUS do support periodic urine toxicology for opiate management. The request IS medically necessary.