MAXIMUS Federal Services

Case Number:	CM15-0139435		
Date Assigned:	07/29/2015	Date of Injury:	12/31/2009
Decision Date:	09/25/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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 52 year old male, who sustained an industrial injury on December 31, 2009. He reported that a large screw flew off a machine hitting him in the back of the head, neck, and left shoulder region with loss of consciousness. The injured worker was diagnosed as having herniated nucleus pulposus (HNP) of the cervical spine with stenosis, cervical radiculopathy, left shoulder superior labral anterior and posterior (SLAP) lesion, right greater trochanteric bursitis, and chronic pain syndrome. Treatments and evaluations to date have included MRIs, x-rays, left shoulder surgeries, electromyography (EMG), and medication. Currently, the injured worker reports neck and low back pain with difficulty with sleep. The Primary Treating Physician's report dated May 26, 2015, noted the injured worker reported his condition had remained stable, last worked in 2010. The injured worker reported his neck pain as 7 out of 10 on the pain scale radiating into the bilateral shoulders, with numbness and pain radiating through the bilateral arms into the hands into all fingers. The injured worker's low back pain was reported to radiate into his right hip, rated as 7 out of 10 on the pain scale. The injured worker's current medications were listed as Ultracet, Prilosec, Flexeril, Flexeril cream, Ibuprofen, and Docuprene, with the injured worker reporting the medications did not improve his sleep but helped to calm down the pain, with constipation secondary to medication use. Physical examination was noted to show the injured worker with a mildly antalgic gait and mild tenderness to palpation to the cervical, thoracic, and lumbar spine with mild cervical spasms noted. Decreased sensation was noted to the right L4, L5, and S1 dermatomes. The treatment plan was noted to include requests for authorization for cervical epidural steroid injections

(ESIs), prescriptions for Omeprazole, Cyclobenzaprine, Cyclobenzaprine cream, Tramadol-APAP, Ibuprofen, Norco, and Docuprene, and requests for a pain psychologist referral, neurologist consultation, lumbar MRI, sleep study, and an Internal Medicine consult for hemorrhoids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docuprene 100mg #120: Overturned

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 Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

Decision rationale: Based on the 05/11/15 progress report provided by treating physician, the patient presents with neck pain radiating to the bilateral upper extremities, low back pain that radiates to the right hip, and constipation. The patient is status-post foraminotomy left C5-6 , C6-7 on 02/05/14, and left shoulder surgery on 06/01/10. The request is for DOCUPRENE 100MG #120. RFA with the request not provided. Patient's diagnosis on 05/11/15 includes post-op pain, right greater trochanteric bursitis, and lumbar radiculopathy. Physical examination on 05/26/15 revealed tenderness to palpation to the cervical, thoracic, and lumbar spine with mild cervical spasms noted. Decreased sensation was noted to the right L4, L5, and S1 dermatomes. Treatment to date has included surgery, imaging and electrodiagnostic studies, injections and medications. Patient's medications include Ultracet, Prilosec, Flexeril, Flexeril cream, Ibuprofen, and Docuprene. The patient is permanent and stationary, per 05/11/15 report. MTUS page 77, CRITERIA FOR USE OF OPIOIDS Section, regarding constipation states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Docuprene was included in patients medications, per progress reports dated 04/27/15 and 05/11/15. MTUS recognizes constipation as a common side effect of chronic opiate use. The patient is prescribed opiates for chronic pain. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Weaning of Medications Page(s): 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 05/11/15 progress report provided by treating physician, the patient presents with neck pain radiating to the bilateral upper extremities, and low back pain that radiates to the right hip. The patient is status-post foraminotomy left C5-6 , C6-7 on 02/05/14, and left shoulder surgery on 06/01/10. The request is for NORCO 5/325MG #30. RFA with the request not provided. Patient's diagnosis on 05/11/15 includes postop pain, right greater trochanteric bursitis, and lumbar radiculopathy. Physical examination on 05/26/15 revealed tenderness to palpation to the cervical, thoracic, and lumbar spine with mild cervical spasms

noted. Decreased sensation was noted to the right L4, L5, and S1 dermatomes. Treatment to date has included surgery, imaging and electrodiagnostic studies, injections and medications. Patient's medications include Ultracet, Prilosec, Flexeril, Flexeril cream, Ibuprofen, and Docuprene. The patient is permanent and stationary, per 05/11/15 report. 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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS pages 60 and 61 state the following: Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patients preference. Norco has been included in patients medications in progress report dated 04/27/15. Patient reports the current "regimen reduces his pain minimally from 8/10 to 6/10 on the pain scale." Treater states Norco was restated in last visit, per 05/26/15 report. There was no rationale provided for restarting the medication that was either ineffective or not tolerated in the past. Treater has discussed aim of use, potential benefits and side effects as required by guidelines when initiating medications. Furthermore, MTUS requires adequate discussion of the 4As for opioid therapy. There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No UDS's, opioid pain agreement or CURES reports. MTUS also states that "function should include social, physical, psychological, daily and work activities." Given lack of documentation, this request IS NOT medically necessary.

Ibuprofen 800mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

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

Decision rationale: Based on the 05/11/15 progress report provided by treating physician, the patient presents with neck pain radiating to the bilateral upper extremities, and low back pain that radiates to the right hip. The request is for IBUPROFEN 800MG #90. RFA with the request not provided. Patient's diagnosis on 05/11/15 includes post-op pain, right greater trochanteric bursitis, and lumbar radiculopathy. Physical examination on 05/26/15 revealed tenderness to palpation to the cervical, thoracic, and lumbar spine with mild cervical spasms noted. Decreased sensation was noted to the right L4, L5, and S1 dermatomes. Treatment to date has included surgery, imaging and electrodiagnostic studies, injections and medications. Patient's medications include Ultracet, Prilosec, Flexeril, Flexeril cream, Ibuprofen, and Docuprene. The patient is permanent and stationary, per 05/11/15 report. MTUS, pg 22 for Anti-inflammatory medications Section states: "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain.

Ibuprofen was included in patient's medications, per progress report dated 05/11/15. Patient reports the current "regimen reduces his pain minimally from 8/10 to 6/10 on the pain scale." Given patient's continued pain and documentation of functional improvement, the request for Ibuprofen appears reasonable. Therefore, the request IS medically necessary.