

Case Number:	CM15-0164555		
Date Assigned:	09/10/2015	Date of Injury:	06/15/2005
Decision Date:	10/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

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, Pain Management

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 35 year old female, who sustained an industrial injury on 6-15-2005. The injured worker was diagnosed as having carpal tunnel syndrome bilaterally, status post decompression, with diagnostics showing residuals bilaterally (right greater than left), discogenic cervical condition (magnetic resonance imaging 2011 showing bulging and C5-7 foraminal narrowing), discogenic lumbar condition (magnetic resonance imaging 2012 showing L5-S1 bulging of 4mm and protrusion at T11-12, facet arthropathy and retrolisthesis in magnetic resonance imaging of 2010), epicondylitis bilaterally, status post injection to each epicondyle, ulnar nerve neuritis of the right, status post injection, CMC (carpometacarpal) joint inflammation of the thumb bilaterally, and weight gain due to chronic pain with inactivity. Treatment to date has included diagnostics and medications. Currently (7-13-2015), the injured worker complains of ongoing back pain with spasms along the calf, hamstrings, and low back. Her pain was not rated. She reported missing quite a few days of work over the last month due to flare-ups. Typically, she was unable to get out of bed for two or three days because the pain was so severe and she continued to work through the pain most of the time. She was currently "working regular duties". Gastrointestinal symptoms were not noted. She took medication to be functional and there was no significant change in her symptoms, other than she was having significant pain on a constant basis, with no significant treatment. It was documented that medications reduced her pain by 30-50%. Objective findings included blood pressure 164 over 92 and pulse 75. There was tenderness across the lumbar paraspinous muscles. No other objective findings were

documented. The treatment plan included neurology consult for headaches (documented as previously authorized), pain management for injection and medication management (documented as previously authorized), and medications (Flexeril, Naproxen, Protonix, Oxycontin, and Oxycodone). Urine toxicology (7-13-2015) was positive for Oxycodone and Oxymorphone. The progress report (3-02-2015) noted Oxycontin, Oxycodone, Protonix, Naproxen, Nalfon, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Harris J, Occupational medicine practice guidelines, 2nd edition (2004) pp 289-291.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. The rationale for neurology refer is for treatment of headache. However, there are no subjective complaints of headache, no discussion regarding how frequently the headache complaints occur or how long they have been occurring, no statement indicating what medical treatments have been attempted for the condition of headache, and no statement indicating how the patient has responded to these medical treatments. In addition, the provider states the patient has previously scheduled an appointment with a neurologist on 5/6/2015. It is unclear why another refer is needed at this time. Therefore, this request is not medically necessary.

Pain management referral: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Harris J, Occupational medicine practice guidelines, 2nd edition (2004) pp 289-291.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for referral to pain management for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or

course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain in the lumbar spine that is corroborated by physical exam findings of bilateral positive straight leg raise, paraspinal muscle pain, and pain with facet loading. The provider states on a progress note dated 4/10/2015 that the patient may benefit from medication management and possible epidural steroid injection from the pain management specialty, as the patient is not responding well to the current regimen with Oxycontin and Oxycodone. Therefore, the currently requested referral to pain management for consultation is appropriate and medically necessary.

Flexeril 10mg Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is documentation of reduction of pain of 30-50% as a result of the cyclobenzaprine. However, there is no documentation of specific functional improvement. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.

Naproxen 500mg Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that Naproxen is reducing her pain 30-50%. However, there is no documentation of specific functional improvement. Given this, the current request is not medically necessary.

Protonix 20mg Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Proton pump inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, PPI.

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, or a risk for gastrointestinal events with NSAID use. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.

Oxycontin 30mg Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids (Classification), Opioids for chronic pain.

Decision rationale: Regarding the request for Oxycontin (oxycodone ER), Chronic Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation of reduction of pain of 30-50% as a result of the oxycodone ER and consistent urine drug screen results. However, there is no documentation of specific functional improvement, and no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycontin (oxycodone ER) is not medically necessary.

Oxycodone 5mg Qty: 140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for oxycodone (Roxicodone), Chronic Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation of reduction of pain of 30-50% as a result of the oxycodone and consistent urine drug screen results. However, there is no documentation of specific functional improvement, and no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone (Roxicodone) is not medically necessary.