

Case Number:	CM15-0169061		
Date Assigned:	09/09/2015	Date of Injury:	04/20/2008
Decision Date:	10/29/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/27/2015

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: New York

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:

The injured worker is a 47 year old female who sustained an industrial injury on 4-20-08 when she bent down and felt an onset of low back pain. Diagnoses included lumbosacral spine disc syndrome with sprain, strain disorder; lumbar radiculopathy; lumbar spinal stenosis; lumbosacral spondylosis without myelopathy; long-term use of medications. She currently complains of ongoing back pain with a pain level of 8 out of 10. Her pain level seems to have gotten worse over the years as she was 4 out of 10 per the 7-24-13 note). On physical exam of the lumbar spine there was decreased range of motion, reduced sensation, tenderness and painful bilateral muscle spasms. Diagnostics included MRI of the lumbar spine (5-14-14 and 8-10-15)) with degenerative disc disease, small tear in the posterior annulus of the disc at L4-5, moderate stenosis. Prior treatments included physical, massage, acupuncture, chiropractic treatments all of which provided partial, brief or temporary relief; ice and stretching provided some relief; transcutaneous electrical nerve stimulator unit; current medications include nabumetone (non-steroidal anti-inflammatories do not provide adequate pain relief per 7-14-15 note); Percocet (started 7-10-13 per 9-18-13 note). In the progress note dated 7-14-14 the treating provider's plan of care included requests for Sinelee patches times four; nabumetone 750mg #60; Percocet 10-325mg #30; urine toxicology dated 5-13-14 and 10-21-14 were inconsistent with prescribed medications. Requests for authorization dated 7-24-15 was for Sinelee patches #60; no other request for authorizations were available for review. On 7-31-15 the original utilization reviewer non-certified the requests for nabumetone 750mg #60; Percocet 10-325mg #30; Sinelee's patches #60; urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Nabumetone 750mg #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: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Nabumetone (Relafen) is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Additionally, NSAIDs can be used as an option for short-term symptomatic relief of chronic low back pain. The guidelines indicate that analgesics should show effects within 1-3 days, and that a record of pain and function with the medication should be recorded. In this case, there is documentation of long term, ongoing treatment with Nabumetone. The guidelines recommend NSAIDs for short-term symptomatic relief; for this reason, continuation for any amount of time does not comply with the recommended guidelines. Therefore, based on CA MTUS guidelines and submitted medical records, the request treatment for Nabumetone is not medically necessary.

1 prescription of Percocet 10/325mg #30: 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 for chronic pain.

Decision rationale: According to the CA MTUS and ODG, Percocet 10/325mg (oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication 1prescription of Percocet 10/325mg is not medically necessary and appropriate.

1 prescription of Sinelee patches #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): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. The CA MTUS states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Menthol is a compound from peppermint oil. Its use to treat chronic pain is not supported by evidence based treatment guidelines. The documentation provided did not provide documentation of the injured worker's inability to tolerate other treatments. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. The Requested Treatment: 1 prescription of Sinelee patches #60 is not medically necessary and appropriate.

Urine Toxicology: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Urine Drug Testing (UDT).

Decision rationale: This request for urine drug test is evaluated in light of MTUS and the Official Disability Guidelines (ODG) for Urine Drug Testing (UDT). ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. Review of Medical Records do not indicate substance abuse, noncompliance, or aberrant behavior. Also it is determined that ongoing use of opioids is not medically necessary and appropriate. The treating provider does not provide any documentation about the need for Urine Toxicology. Guidelines are not met; therefore, the request for urine toxicology screen is not medically necessary.