

Case Number:	CM15-0184989		
Date Assigned:	09/25/2015	Date of Injury:	07/22/2012
Decision Date:	12/02/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/21/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 41 year old male-female, who sustained an industrial-work injury on 7-22-12. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain and sprain, lumbar spondylolisthesis, left leg sciatica, L4-5 instability status post anterior lumbar fusion 7-9-13. Medical records dated (4-22-15 to 8-13-15) indicate that the injured worker complains of continued low back pain that travels to the left leg despite surgery. The pain is increased with activities and there is numbness and tingling in the left leg and foot. The pain is rated by the injured worker 4 out of 10 on the pain scale with medications, 6-7 out of 10 without medications and 10 out of 10 with activities which has been unchanged. The physician indicates that the injured worker has developed Gastroesophageal reflux disease (GERD) but requires Nonsteroidal anti-inflammatory drugs so he will need a proton pump inhibitor. Per the treating physician report dated 8-13-15 the work status is full duty. The physical exam dated (4-22-15 to 8-13-15) reveals positive lumbar tenderness and the lumbar range of motion is decreased by about 30 percent. There is numbness in the left leg positive stretch tests confirming nerve entrapment in the lower back. The physician indicates that the medications decrease the pain by 2-3 points on the pain scale, allow for improved activities of daily living (ADL), functioning is markedly improved and there is a decrease in symptoms. Treatment to date has included pain medication, Naproxen, Fexmid, Ultram since at least 4-22-15, Protonix, Norco since at least 4-22-15, diagnostics, spinal surgery, physical therapy, Transcutaneous electrical nerve stimulation (TENS) and other modalities. The treating physician indicates that the urine drug test result dated 8-13-15 was inconsistent with the medication

prescribed. EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 7-7-15 chronic L5 radiculopathy. The request for authorization date was 8-17-15 and requested services included Drug screen full panel drug screen - retro UDS DOS 8-13-15, Inferential-stimulator unit, Anaprox-DS Naproxen sodium 550mg 90 count - retro dispensed in office 8-13-15, Fexmid Cyclobenzaprine 7.5mg 60 count - retro dispensed in office 8-13-15, Ultram Tramadol HCL ER 150mg 60 caps - retro dispensed in office 8-13-15, Protonix Pantoprazole 20mg 60 count - retro dispensed in office 8-13-15, and Norco 10-325mg #30. The original Utilization review dated 8-24-15 non-certified the requests for Drug screen full panel drug screen - retro UDS DOS 8-13-15, Inferential-stimulator unit, Anaprox-DS Naproxen sodium 550mg 90 count - retro dispensed in office 8-13-15, Fexmid Cyclobenzaprine 7.5mg 60 count - retro dispensed in office 8-13-15, Ultram Tramadol HCL ER 150mg 60 caps - retro dispensed in office 8-13-15, Protonix Pantoprazole 20mg 60 count - retro dispensed in office 8-13-15 and modified the request for Norco 10-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Full Panel Drug Screen (DOS: 8/13/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines, Chronic Pain, page 156.

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines on Chronic Pain, urine drug screening is recommended for all patients prescribed opioids for chronic pain. Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. According to the MTUS Chronic Pain Medical Treatment Guidelines, urine drug screening is recommended for patients on opioids or for inpatient treatment with issues of abuse, addiction, or poor pain control. MTUS Guidelines also recommend frequent random urine toxicology screens to avoid misuse of opioids, and in particular, for those at high risk of abuse. This patient is on chronic opioids. He has been on opiates for a period of time, and additional narcotics are being requested. His pain is likely to persist. ACOEM supports urine drug screen in this setting. Therefore, the request is medically necessary.

Inferential/stim unit: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Interferential Stimulation.

Decision rationale: According to Chapter 3 of ACOEM, Initial Approaches to Treatment, Physical Methods of ACOEM states, "electrical stimulation can keep symptoms at bay temporarily, diminishing pain long enough so that patients begin to mobilize." According to the ODG guidelines, "Interferential stimulation for pain is: ...Possibly appropriate for the following conditions: - Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative or acute conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)" This patient has pain that is ineffectively controlled with medications. In addition, his pain has been unresponsive to conservative measures such as physical therapy. An interferential stimulator is an appropriate treatment for her pain. Therefore, the request is medically necessary.

Retrospective Anaprox-DS Naproxen sodium 550mg, #90 (dispensed in office 8/13/15): 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 MTUS page 67, NSAIDS: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. The patient has been on NSAIDS for an extended period of time. MTUS supports only short term use of NSAIDS. Due to the risk of kidney toxicity, additional opiates should not be certified. Therefore, the request is not medically necessary.

Retrospective Fexmid Cyclobenzaprine 7.5mg. #60 (dispensed in office 8/13/15): 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: Per MTUS page 63, Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per MTUS page 84: Cyclobenzaprine (Flexeril, Amrix, Fexmid™, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The guidelines recommend muscle relaxants for short term use only. The records indicate that the patient has been on chronic pain and muscle relaxant medications. The guidelines for short term use have been

exceeded. Therefore, the request is not medically necessary.

Retrospective Ultram Tramadol HCL ER 150mg, #60 (dispensed in office 8/13/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. Per MTUS page 113: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The patient has been on chronic opiates. He has been abusive to his physicians in trying obtain opiates. He is at high risk for misuse of opiates. In addition, MTUS does not support first line use of Ultram. Therefore, the request is not medically necessary.

Retrospective Protonix Pantoprazole 20mg, #60 (dispensed in office 8/13/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS (NSAIDs, GI symptoms & cardiovascular risk page 68) regarding the use of proton pump inhibitors (PPI) such as protonix, for prophylaxis use indicates that the following risk factors should be present, "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID plus low-dose ASA)." Documentation provided does not suggest that the patient has any of the noted risk factors noted above and the PPI is recommended non-certified. The patient does not have a history of anti-coagulation, previous reaction to NSAIDS or peptic ulcer disease. The patient is not older than 65, is not on steroids and is not on multiple or high dose NSAIDS. The guidelines do not support routine use of PPIs for patients taking NSAIDS. Therefore, the request is not medically necessary.

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. The patient has been on chronic opiates. He has been abusive to his physicians in trying obtain opiates. He is at high risk for misuse of opiates. Opiates are not an appropriate treatment for his chronic pain. Therefore, the request is not medically necessary.