MAXIMUS Federal Services

Case Number:	CM15-0187485		
Date Assigned:	09/29/2015	Date of Injury:	01/19/2011
Decision Date:	12/07/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/23/2015

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, Arizona
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:

This is a 45 year old female with a date of injury on 1-19-2011. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy and lumbar facet arthropathy. Medical records (3-30-2015 to 8-3-2015) indicate ongoing low back pain. According to the progress report dated 8-3-2015, the injured worker reported doing worse. She complained of increased pain in her right shoulder as well as severe shooting pain in her lumbar spine. She reported burning, stabbing mid and low back pain. She also reported popping in her low back. She rated her pain as 8-9 out of 10. She reported radiation of tingling down the right lower extremity to the foot. She reported stabbing neck pain rated 4 to 7 out of 10. She complained of gastrointestinal discomfort associated with medication use, which she reported was well controlled with Prilosec. She reported that medications decreased her pain and allowed improvement in function, reduction in pain from 10/10 to 7/10 with improved mood and quality of life. On 3-30-2015, the injured worker reported that Naproxen was not helping. The physical exam (8-3-2015) revealed diffuse tenderness to palpation of the cervical and lumbar spines. Treatment has included radiofrequency ablation right L2-3, L3-4 and L4-5 on 1-16-2015 with 50% reduction in pain and medications. It was noted that the injured worker had no relief with Tramadol and Gabapentin and experienced sedation with Elavil. The injured worker has been prescribed Norco, Prilosec, Naproxen and Zofran since at least 3-30-2015. The treating physician indicates (5-18-2015) that the urine drug testing result (3-30-2015) was inconsistent. It was noted that a CURES report dated 5-18-2015 showed Ambien and Xanax from outside providers. The original Utilization Review (UR) (8-24-2015) denied requests for Duloxetine DR, Ondansetron,

Omeprazole, Naproxen Sodium, Norco, transforaminal epidural steroid injection L4, L5 and a pain management consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine DR 30mg #90: Overturned

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): Antidepressants for chronic pain.

Decision rationale: CA MTUS states that antidepressants are recommended as a 1st line option for neuropathic pain and a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should not only include pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality, and duration, and psychological assessment. Within the PR-2 note 8/3/15 it is noted that the medications for pain reduce pain from 10/10 to 7/10 and improve participation with activities of daily living, Medications are helping keep the injured worker's mood stable and without medications the injured worker states it is "hard to live like this." There is obvious radicular pain and Duloxetine, an antidepressant, is first line for treatment of neuropathic pain conditions. This request as such, is medically necessary and certified.

Ondansetron 4mg #10: 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), Antiemetics (for opioid use) Official Disability Guidelines (ODG), Pain procedure - Ondansetron (Zofran) Mosby's drug consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zofran.

Decision rationale: California MTUS does not specifically address Zofran. Per ODG, "Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment." There is no ongoing documentation of problematic nausea and/or vomiting. Zofran is not recommended for long-term use to treat nausea and/or vomiting secondary to chronic opiate use. At this time, this request is not medically necessary or supported.

Omeprazole 20mg #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, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). Those on NSAIDs at high risk for GI events should be considered for antacid therapy. Factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. There is documented NSAID related dyspepsia, relieved with Prilosec, but as the request for NSAID is not medically necessary, so the concurrent Prilosec (PPI) request non-certified.

Naproxen sodium 550mg #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: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritic pain. Within the submitted documentation, the efficacy of Naproxen, an NSAID, does not appear significant. There is no significant improvement in function, pain control, and despite long-term use (not recommended long-term), pain is still moderate to severe. The request is not medically necessary and has not been substantiated.

Norco 10/325mg #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, criteria for use, Opioids for chronic pain.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Within the submitted records, there is mention of improved pain with medications and improved ability to perform activities of daily living.

However, there is also inconsistent CURES report and no discussion of drug taking behaviors. Furthermore, despite medication being used chronically, pain is still significant. Ongoing use is not supported in this case and the request is not medically necessary.

Transforaminal epidural steroid injection right L4, L5: 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): Epidural steroid injections (ESIs).

Decision rationale: According to the California MTUS, epidural steroid injections offer no significant long-term functional benefit, nor do they reduce the need for surgery. Criteria for the use of epidural injections require that radiculopathy be noted on examination and corroborated by imaging and/or electrodiagnostic studies. Within the submitted records, recent examinations show evidence of likely facet arthropathy contributing to back pain. On exam, there is negative straight leg raise and normal strength and reflexes but positive facet testing. At this time, the request for an epidural steroid injection is not medically necessary and has not been established.

Pain management consult: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure - Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Referral.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to consultation with a pain specialist when the diagnosis is complex or when additional expertise will be beneficial to the medical management. This injured worker has chronic pain and additional expertise would prove beneficial, given chronic nature of symptoms. The request is medically necessary and has been established.