

Case Number:	CM15-0188694		
Date Assigned:	09/30/2015	Date of Injury:	12/05/2001
Decision Date:	11/16/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/25/2015

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 46 year old male, who sustained an industrial injury on 5-20-2015. The injured worker is being treated for hemothorax, urinary retention, multiple rib fractures, tibia fracture, L2-3 fracture and sternum fracture. Treatment to date has included surgical intervention (open reduction internal fixation (ORIF) right ankle, and IVC placement and removal for deep vein thrombosis (DVT)), diagnostics, physical therapy, medications, bracing, rehabilitation in a skilled nursing facility, occupational therapy, and walker for ambulation. Per the Progress Report dated 7-22-2015, the injured worker presented for reevaluation after a fall a month prior. He is wearing a TLSO but reported continued back pain and is still at SNF for rehab. He is "otherwise doing well" and is being advanced to weight bearing for his other ortho injuries. Objective findings included a well appearing male in no acute distress. He has intact sensation in the bilateral L2-S1 dermatomes and normoactive reflexes. The plan of care included continuation of brace for one month, ok to be out of bed with brace, continue physiotherapy and follow up care. Authorization was requested for 9 days hospital stay (DOS 8-14-2015-8-23-2015), and 22 days inpatient hospital stay (DOS 8-24-2015-9-14-2015). On 8-24-2015, Utilization Review non-certified the request for 9 days hospital stay (DOS 8-14-2015-8-23-2015), and 22 days inpatient hospital stay (DOS 8-24-2015-9-14-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine #3, 300-30mg #60 with two refills: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 12/05/01 and presents with lower backache. The request is for Tylenol with codeine #3, 300-30MG #60 with two refills for breakthrough pain. The RFA is dated 08/27/15 and the patient is permanent and stationary. The patient has been taking this medication as early as 12/04/14. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for chronic pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The 08/20/15 report states that the patient rated his pain as a 5/10 with medications and a 6/10 without medications. "Activity level remained the same. He states that medications are working well. No side effects reported. He is able to perform his ADL's and increase his activity level with aid of medication." With medications, patient is able to lift 20 lbs, walk 10 blocks, sit 90 minutes and stand 60 minutes, the patient can perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for approximately 45 minutes at a time." Although the treater provides all 4 A's as required by MTUS Guidelines, long term use of opioids is not recommended for patients with low back pain and the patient has been taking this medication as early as 12/04/14. Therefore, the request is not medically necessary.

Prilosec DR 20mg, #60 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health Systems. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health Systems; 2012 May 12p.

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

Decision rationale: The patient was injured on 142/05/01 and presents with lower backache. The request is for Prilosec DR 20mg, #60 with two refills for GI upset. The RFA is dated 08/27/15 and the patient is permanent and stationary. The patient has been taking this medication as early as 12/04/14. MTUS guidelines, NSAIDs GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with cervical sprain-strain, lumbar spine injury, low back pain, lumbosacral disc syndrome, lumbosacral radiculopathy, depressive disorder and gastroesophageal reflux disease secondary to non-steroidal anti-inflammatory drugs and weight gain. The 08/20/15 report states that "medication remains effective and denies any side effects other than GI upset when taken. He states that Prilosec is helpful for his stomach upset." As of 08/20/15, the patient is taking Tylenol #3, Atorvastatin, Lipitor, Lisinopril, Felodipine, and Doxycycline Hyclate. Although the patient has GI upset, there are no prescribed concurrent NSAIDs and the requested Tylenol was not authorized. Therefore, the requested Omeprazole is not medically necessary.

Urine Drug Screen: Overturned

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

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

Decision rationale: The patient was injured on 142/05/01 and presents with lower backache. The request is for Urine drug screen. The RFA is dated 08/27/15 and the patient is permanent and stationary. Review of the reports provided does not indicate if the patient had a prior UDS prior to this request. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain (Chronic), Urine Drug Testing has the following: Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The patient is diagnosed with cervical sprain-strain, lumbar spine injury, low back pain, lumbosacral disc syndrome, lumbosacral radiculopathy, depressive disorder and gastroesophageal reflux disease secondary to non-steroidal anti-inflammatory drugs and weight gain. As of 08/20/15, the patient is taking Tylenol #3, Atorvastatin, Lipitor, Lisinopril, Felodipine, and Doxycycline Hyclate. In this case, there is no documentation of a recent UDS and the patient is undergoing opioid therapy. Therefore, the request is medically necessary.

