

Case Number:	CM15-0190521		
Date Assigned:	10/02/2015	Date of Injury:	11/01/2013
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/28/2015

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 42 year old male, who sustained an industrial injury on 11-1-2013. The injured worker was being treated for cervical spine disc protrusion, cervical disc degeneration, right shoulder tenosynovitis-tendinosis, status post right shoulder open reduction and internal fixation, left shoulder osseous deformity, left knee sprain, varus deformity left knee, medial joint narrowing and tilt-lateral, and bilateral ankle tenosynovitis and calcification. Medical records (7-28-2015) indicate the injured worker ongoing constant slight to moderate and occasionally severe neck pain that occasionally radiated down the right arm to the hand with numbness and tingling. Associated symptoms included stiffness and popping and clicking with movement. He reported worker ongoing constant slight to moderate and occasionally severe bilateral wrist pain, right greater than left. Associated symptoms included cramping of the fingers, right greater than left numbness and tingling, and weakness. He reported worker ongoing intermittent moderate and occasionally severe left knee pain with popping, clicking, giving way, and occasional swelling. He reported that the steroid injection to left ankle that was given at the last visit decreased his pain for 2 days. He reported his left ankle, top of the left foot, and occasionally the left heel pain was 8 out of 10 currently. He reported occasional giving way and a large bump on top of the left foot. The physical exam (7-28-2015) revealed cervical spine flexion was 50 degrees; extension was 10 degrees, right lateral flexion was 35 degrees, and left lateral flexion was 30 degrees. The left ankle inversion was 30 degrees, eversion was 10 degrees, dorsiflexion was 40 degrees, and plantar flexion was 20 degrees. The provide medical records (6-16-2015 to 7-28-2015) did not include physician documentation of the least reported pain over the period

since last assessment, average pain, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. In addition, there was no documentation of a risk assessment profile, attempt at weaning-tapering, ongoing efficacy, an updated and signed pain contract, and a recent urine drug screen to support compliance of treatment with opiates. Treatment has included pain (Ultram), topical pain, proton pump inhibitor (Prilosec since at least 6-2015), and non-steroidal anti-inflammatory (Motrin since at least 6-2015) medications. Per the treating physician (7-28-2015 report), the injured worker is temporarily totally disabled. On 8-25-2015, the requested treatments included Motrin 800 MG #60, Retro Prilosec 20 MG #60, and Tylenol #3 300-30 MG #60. On 9-3-2015, the original utilization review non-certified retrospective requests for Motrin 800 MG #60, Prilosec 20 MG #60, and Tylenol #3 300-30 MG #60 (DOS: 7-28-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Motrin 800 MG #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: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2013 injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Retro Motrin 800 MG #60 is not medically necessary and appropriate.

Retro Prilosec 20 MG #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: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have

potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active ulcers, or confirmed specific GI diagnosis criteria to warrant this medication. The Retro Prilosec 20 MG #60 is not medically necessary and appropriate.

Tylenol #3 300/30 MG #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): Opioids for chronic pain, Opioids, long-term assessment, Opioids, criteria for use, Opioids, pain treatment agreement.

Decision rationale: Per MTUS Guidelines, Acetaminophen is a first-line recommended treatment for chronic pain and during acute exacerbations for osteoarthritis of the joints and musculoskeletal pain; however, there is concern for hepatotoxicity with overdose causing acute liver failure. Long-term treatment of codeine is also not warranted without demonstrated functional improvement. Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or improved functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2013 injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Tylenol #3 300/30 MG #60 is not medically necessary and appropriate.