Case Number:	CM15-0191035		
Date Assigned:	10/05/2015	Date of Injury:	05/08/2013
Decision Date:	12/15/2015	UR Denial Date:	09/10/2015
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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 64 year old female, who sustained an industrial-work injury on 5-8-13. She reported initial complaints of pain in back, wrists, shoulder, and knee. The injured worker was diagnosed as having acquired spondylolisthesis, neck sprain, and carpal tunnel syndrome, tear of media cartilage or meniscus of knee, unspecified internal derangement of knee, left shoulder impingement syndrome and tendinitis, lumbosacral spondylosis without myelopathy. Treatment to date has included medications. MRI results were reported on 10-4-13 of the lumbar spine revealed spondylolisthesis of L4 over L5 with multiple disc bulging throughout the lumbar spine. The MRI showed the left knee sprain-strain with lateral meniscus chronic tear. Currently, the injured worker complains of continuous frequent sharp pain in her low back with rating of 6-7 out of 10 and radiation into her legs with numbness and tingling sensation. There is also numbness and tingling in her bilateral wrists rated 4 out of 10, and pain in the left knee rated 6 out of 10. Per the primary physician's progress report (PR-2) on 8-21-15, exam of the lumbar spine reveals decreased range of motion, tightness and spasm of the paraspinal musculature, positive straight leg raise bilaterally, hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatomes bilaterally, weakness with big toe dorsiflexion and big toe plantar flexion bilaterally. There was positive chondromalacia patellar compression test on the left. The left wrist has positive Phalen's and Tinel's signs. The left shoulder had reduced range of motion with tenderness over the greater tuberosity of the left humerus and left rotator cuff muscles, subacromial grinding and clicking on the left humerus. The Request for Authorization requested service to include Voltaren XR (extended release) 100mg, 1 capsule 2 times daily, #60, Prilosec

20mg, 1 tablet 2 times daily, #60, Norco 10/325mg, 1 tablet once every 6 hours as needed for pain, #90, Epidural steroid injection at L3-4 and L4-5, Ultram ER (extended release) 150mg, 1 tablet daily for pain, #150, FexMid 7.5mg, 1 tablet 3 times daily, #120, Intra-articular cortisone injection at the bilateral wrists, left shoulder and left knee with ultrasound guidance. The Utilization Review on 9-10-15 denied the request for Voltaren XR (extended release) 100mg, 1 capsule 2 times daily, #60, Prilosec 20mg, 1 tablet 2 times daily, #60, modified Norco 10/325mg, 1 tablet once every 6 hours as needed for pain, #45, denied Epidural steroid injection at L3-4 and L4-5, modified Ultram ER (extended release) 30mg, 1 tablet daily for pain, #60, modified FexMid 7.5mg, 1 tablet 3 times daily, #60, and denied Intra-articular cortisone injection at the bilateral wrists, left shoulder and left knee with ultrasound guidance, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, ACOEM (American College of Occupational and Environmental Medicine), Second Edition (2004), Chapter Forearm, Wrist and Hand Complaints; ODG (Official Disability Guidelines) Carpal Tunnel Syndrome, Injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR (extended release) 100mg, 1 capsule 2 times daily, #60: 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): Anti-inflammatory medications, Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The records indicate that the patient is utilizing the medications for the treatment of severe pain located in multiple joints. There is documentation of efficacy and functional restoration without adverse medication effect. The request for the use of Voltaren XR 100mg 1 capsule 2 times daily #60 is medically necessary.

Prilosec 20mg, 1 tablet 2 times daily, #60: 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): Medications for chronic pain, NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs, Proton Pump Inhibitors.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complication in the elderly and patient with a history of gastrointestinal disease. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The records indicate that this 64-year-old patient is utilizing the medications for the treatment of severe pain located in multiple joints. There is documentation of efficacy and functional restoration without adverse medication effect. The request for the use of Prilosec 20mg 1 x 2 times daily #60 is medically necessary.

Norco 10/325mg, 1 tablet once every 6 hours as needed for pain, #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): Medications for chronic pain, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs, non-opioid co-analgesics, PT and exercise. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with sedative agents. The records indicate that the patient is utilizing multiple opioids and sedative medications concurrently. The utilization of long acting opioids is associated with better compliance and improved efficacy as opposed to short acting medications. There is no documentation of compliance monitoring with serial UDS or CURES database reports. There is documentation of functional restoration without adverse medication effect. The request for the use of shorting acting Norco 10/325mg 1 tablet 6 hourly as needed for pain #90 is not medically necessary.

Epidural steroid injection at L3-4 and L4-5: Overturned

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back, Epidural Steroid.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications, exercise, PT and behavioral modification have failed.

The records indicate that the patient have completed conservative treatment with physical therapy and medications. There are subjective, objective and radiological findings consistent with worsening lumbar radiculopathy. The request for the epidural steroid injections at L3-L4 and L4-L5 is medically necessary.

Ultram ER (extended release) 150mg, 1 tablet daily for pain, #60: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, dosing, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs, non-opioid co-analgesics, PT and exercise. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with sedative agents. The records indicate that the patient is utilizing multiple opioids and sedative medications concurrently. There is no documentation of compliance monitoring with serial UDS or CURES database reports. There is documentation of functional restoration without adverse medication effect. The request for the use of Ultram ER 1 daily for pain #60 is medically necessary.

Fexmid 7.5mg, 1 tablet 3 times daily, #120: 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): Cyclobenzaprine (Flexeril), Medications for chronic pain, Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, non-opioid analgesic, PT, exercise and behavioral modification have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and sedative medications. The duration of utilization of cyclobenzaprine had exceeded that guidelines recommended maximum period of 4 to 6 weeks. The request for the use of Fexmid 7.5mg 1 tablet 3 times daily #120 is not medically necessary.

Intraarticular cortisone injection at the bilateral wrists, left shoulder and left knee with ultrasound guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Injections; Shoulder, Steroid injections; Knee & Leg, Corticosteroid injections.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations, and Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Steroid injections to joints, Knee, Upper extremity, Shoulder.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications, exercise, PT and behavioral modification have failed. The records indicate that the patient have completed conservative treatment with physical therapy and medications. There are subjective, objective and radiological findings consistent with worsening musculoskeletal pain located in multiple joints including wrists, left shoulder and left knee. The request for the intraarticular cortisone injection to bilateral wrists, left shoulder and left knee with ultrasound guidance is medically necessary.