MAXIMUS Federal Services

Case Number:	CM15-0194783		
Date Assigned:	10/08/2015	Date of Injury:	06/15/2000
Decision Date:	12/14/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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: New York
Certification(s)/Specialty: Internal Medicine

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 53 year old female who sustained an industrial injury on 6-15-2000. A review of medical records indicates the injured worker is being treated for right shoulder strain-impingement, thoracolumbar musculoligamentous sprain strain with bilateral lower extremity radiculitis, status post right elbow surgery, status post bilateral carpal tunnel release, bilateral forearm wrist tendinitis and right thumb trigger finger. Medical records dated 7-31-2015 noted pain was 8-9 out of 10. With regards to the cervical spine she complains of continued and worsening pain with radiating numbness and tingling to the right upper extremity greater than the left upper extremity that increased with prolonged posturing of the head and abrupt neck movements. Physical examination of the right shoulder revealed tenderness and crepitus with decreased range of motion. Examination of the cervical spine revealed tenderness with spasm and decreased range of motion. Treatment has included Percocet and Celebrex since at least 6-18-2015 and Zanaflex since 6-18-2015. Utilization review form dated 9-25-2015 modified Percocet, noncertified Celebrex, modified Zanaflex, noncertified 1 nurse case manager, noncertified home health care, and noncertified 1 urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Opioids.

Decision rationale: According to the CA MTUS and ODG, Percocet (oxycodone/ Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication: Percocet 5mg quantity 120 is not medically necessary.

Celebrex 200mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: As per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-steroidal anti-inflammatory drugs are recommended as a second-line treatment after acetaminophen for short-term relief of osteoarthritis (including the knee and hip) and acute exacerbations of low back pain symptoms. "It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals." The CMTUS recommends the use of Selective COX-2 non-steroidal anti-inflammatory drugs, such as Celebrex, when the injured worker has an intermediate risk for gastrointestinal events and no cardiovascular disease or has mild to moderate risk factors for cardiovascular disease. There was lack of evidence of the injured worker having gastrointestinal issues or any risk factors for cardiovascular disease. In addition, the medical records show that the injured worker has been taking Celebrex since at least June 2015, which exceeds the guideline recommendations. The requested treatment: Celebrex 200mg quantity 30 is not medically necessary.

Zanaflex 2mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to the reviewed literature, Zanaflex is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records are not clear if the injured worker has shown a documented benefit or any functional improvement from prior Zanaflex use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment Zanaflex 2mg quantity 120 is not medically necessary.

Nurse case manager: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Patients who do not recover as expected usually have several interrelated causes of delayed functional recovery. Cases of delayed functional recovery require close management rather than simple care. The occupational health clinician can act as the manager of the case or can enlist the help of a skilled case manager, who is typically an occupational health nurse or a social worker. The patient and the employer should be full parties to the development of a plan to achieve functional recovery. The patient must assess his or her own capabilities and reasons for delayed functional recovery and create or agree to a realistic stepwise plan for improvement. He or she must also agree to stop doctor-shopping and work with the coordinator of care. Ideally, the employer will agree to job modification and progressive return to duty or to retraining the patient for another job if necessary. Within the medical information available for review, the injured worker has chronic pain, and there is no clear rationale to support the appropriateness of this request in this injured worker. The requested treatment: Decision for Nurse case manager is not medically necessary.

Home Health care 4 hours a day for seven days a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Acute and Chronic: Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: CA MTUS guidelines state Home health services is recommend only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The Medical records do not substantiate that the injured worker is homebound or has any skilled needs. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Review of the submitted medical records of the injured worker does not meet the guidelines as cited, therefore, the requested Treatment: Home Health care 4 hours a day for seven days a week for six weeks is not medically necessary

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

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

Decision rationale: This request for urine drug test is evaluated in light of the Official Disability Guidelines (ODG) for Urine Drug Testing (UDT) ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. Review of Medical Records does not indicate substance abuse, noncompliance, or aberrant behavior. Also opioids are determined not medically necessary. The treating provider does not provide any documentation about the need for Urine Toxicology. Guidelines are not met therefore, the request for Urine Toxicology Screen is not medically necessary.