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| Case Number: | CM15-0196860 | | |
| Date Assigned: | 10/13/2015 | Date of Injury: | 05/27/2004 |
| Decision Date: | 12/21/2015 | UR Denial Date: | 09/03/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

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 44 year old female, who sustained an industrial injury on 5-27-2004. The injured worker was being treated for headache, lumbar degenerative disc disease, left rotator cuff syndrome, left shoulder arthritis, interstitial myositis, brachial neuritis or radiculitis, not otherwise specified, cervical ost-laminectomy syndrome, and cervical disc degeneration. Treatment to date has included cervical fusion in 2007, left shoulder arthroscopy in 2008, mental health treatment, and medications. Currently (8-07-2015), the injured worker complains of ongoing neck pain and frequent headaches, with worsening left arm pain and numbness. She reported occasional left hand symptoms to a similar degree and intensity with work activity and daily left shoulder pain with limited range of motion. She worked full duty without restrictions. Since her last visit, she reported an "increase in low back, bilateral shoulder, and neck pain, with increased LLE and LUE numbness, tingling, weakness, and pain involving the left leg and extending to the toes". Pain was rated 2 out of 10 with medication and 9 out of 10 without, noting current pain level 7 out of 10. Medications included Hydrocodone-Acetaminophen 5-325mg every 8-12 hours as needed for pain, Tylenol #3 one every 8 hours as needed for pain, Maxalt-MLT 10mg one as needed for migraine attack-may repeat in 2 hours-max 3 per day, Ranitidine 150mg every 12 hours as needed for sveer nausea, Reglan 5mg every 8-12 hours as needed for opioid induced nausea, Robaxin 750mg every 12 hours as needed for spasm, Omeprazole DR 20mg twice daily as needed for medication induced gastritis-reflux, Colace, Senna, and Medrol pak as directed. Medications prescribed by psychiatry included Xanax, Atarax, Zolof, and Pro-Som. A review of symptoms was negative for gastrointestinal

complaints and positive for depression and anxiety. Exam of the cervical spine noted tenderness to palpation to the paraspinals, suboccipital pain, and left myofascial pain with trapezius and levator scapulae. Spurling's maneuver was positive centrally. Exam of the lumbar spine noted tenderness to palpation to the paraspinals, left sciatic notch tenderness, and positive straight leg raise bilaterally. Motor exam noted decreased strength in the bilateral upper extremities and left lower extremity. Sensation to pin was decreased in the left C5-C7 and left L5-S1. The treating physician documented that "UDT and CURES reports are appropriate". Prescribed medications were documented as keeping the patient functional, allowing for increased mobility, and tolerance of activities of daily living and home exercise, without any intolerable side effects. The duration of medication use could not be determined. The treatment plan included Medrol pak 4mg tabs #1 with 0 refills, Reglan 5mg tabs #90 with 3 refills, Ibuprofen 800mg #60 with 3 refills, Omeprazole 20mg DR 1 tab twice daily, Robaxin 750mg #60 with 3 refills, Ranitidine 150mg tabs every 12 hours as needed for severe nausea, Tylenol #3 #90 with 3 refills, Hydrocodone-Acetaminophen 5-325mg #90 with 0 refills, and Maxalt-MLT 10mg as needed for migraine attack #18 with 3 refills. On 9-03-2015, Utilization Review non-certified the requested Medrol pak, Reglan, Ibuprofen, Omeprazole DR, Robaxin, and Ranitidine. Utilization Review modified the Tylenol #3 to #45 with 3 refills, Hydrocodone-Acetaminophen to #45 with 0 refills, and Maxalt-MLT to #12 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol (pak) 4mg tabs #1 with 0 refills: Upheld

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 Chapter, Medrol dose pack, Oral corticosteroids.

Decision rationale: MTUS does not address this request. Per ODG, Medrol Dose pack is not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). For low back pain, oral corticosteroids may be recommended in limited circumstances for acute radicular pain. The injured worker complains of chronic neck and low back pain. Documentation at the time of request under review, fails to show acute clinical findings on physical exam to support the recommendation for oral corticosteroids. Furthermore, Medrol (methylprednisolone) tablets are not approved for pain, per guidelines. The request for Medrol (pak) 4mg tabs #1 with 0 refills is not medically necessary per guidelines.

Reglan 5mg tabs every 8-12 hours #90 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/.

Decision rationale: MTUS does not address this request. Reglan (Metoclopramide) is recommended for patients with gastroesophageal reflux disease (GERD), to relieve heartburn and speed the healing of esophageal ulcers. Reglan is also used to relieve symptoms caused by Gastroparesis (slow stomach emptying) in patients with diabetes. These symptoms include nausea, vomiting, heartburn, loss of appetite, and feeling of fullness that lasts long after meals. The injured worker complains of ongoing opioid related nausea, which does not fit the indication for chronic use of this medication. The request for Reglan 5mg tabs every 8-12 hours #90 with 3 refills is not medically necessary per guidelines.

Ibuprofen 800mg tabs 1 every 12 hours #60 with 3 refills: Upheld

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

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

Decision rationale: MTUS, Chronic Pain Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs), pg. 67. Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of significant objective improvement in pain on current medication regimen. Furthermore, there is report of medication related nausea. With MTUS guidelines not being met, the request for Ibuprofen 800mg tabs 1 every 12 hours #60 with 3 refills is not medically necessary.

Omeprazole 20mg DR 1 twice a day (quantity unspecified): Upheld

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

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

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or

perforation, concurrent use of ASA and high dose or multiple NSAIDs. Being that continued use of NSAIDs has not approved and the lack of supporting documentation that the injured worker is at high risk of gastrointestinal events, the medical necessity for ongoing use of Omeprazole has not been established. The request for Omeprazole 20mg DR 1 twice a day (quantity unspecified) is not medically necessary per guidelines.

Robaxin 750mg tabs 1 every 12 hours as necessary #60 with 3 refills: Upheld

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

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

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation fails to indicate significant objective improvement in the injured worker's pain with the use of Robaxin and guidelines do not support chronic use of muscle relaxants. The medical necessity for ongoing use of this medication has not been established. The request for Robaxin 750mg tabs 1 every 12 hours as necessary #60 with 3 refills is not medically necessary per MTUS guidelines.

Ranitidine HCL 150mg tabs every 12 hours as necessary: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus.

Decision rationale: MTUS does not address this request. Ranitidine is in a class of medications called H2 blockers that work by decreasing the amount of acid made in the stomach. Famotidine is used to treat conditions including ulcers and gastroesophageal reflux disease. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Ranitidine. The request for Ranitidine HCL 150mg tabs every 12 hours as necessary is not medically necessary per guidelines.

Tylenol with Codeine #3 300-30mg tabs 1 every 8 hours as necessary #90 with 3 refills: Upheld

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

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

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic neck and low back pain, currently being treated with both Tylenol with Codeine and Hydrocodone-Acetaminophen. Documentation fails to demonstrate adequate objective improvement in level of pain, to support the medical necessity for continued use of opioids. Furthermore, the injured worker complains of Opioid induced nausea. In the absence of significant objective response to treatment, the request for Tylenol with Codeine #3 300-30mg tabs 1 every 8 hours as necessary #90 with 3 refills is not medically necessary.

Hydrocodone-Acetaminophen 5/325mg 1 every 8-12 hours as necessary #90 with no refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, Opioids for chronic pain.

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

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic neck and low back pain, currently being treated with both Tylenol with Codeine and Hydrocodone-Acetaminophen. Documentation fails to demonstrate adequate objective improvement in level of pain, to support the medical necessity for continued use of opioids. Furthermore, the injured worker complains of Opioid induced nausea. In the absence of significant objective response to treatment, the request for Hydrocodone-Acetaminophen 5/325mg 1 every 8-12 hours as necessary #90 with no refills is not medically necessary.

Maxalt MLT 10mg 1 as necessary #18 with 3 refills: Overturned

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

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

Decision rationale: ODG recommends Triptans for treatment of migraine headaches. Documentation provided indicates that that injured worker is being treated for headaches and complains of persistent symptoms. The continued use of Maxalt MLT on as needed basis is reasonable and appropriate. The request for Maxalt MLT 10mg 1 as necessary #18 with 3 refills is medically necessary per guidelines.