

Case Number:	CM15-0197702		
Date Assigned:	10/13/2015	Date of Injury:	07/06/2000
Decision Date:	12/15/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/07/2015

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: Georgia

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 56 year old male, who sustained an industrial-work injury on 7-6-00. He reported initial complaints of upper and lower extremity pain. The injured worker was diagnosed as having arthrosis, medial meniscus derangement, cervical strain-sprain, knee pain, status post bilateral hip replacement, and chronic bilateral hip pain. Treatment to date has included medication, and transcutaneous electrical nerve stimulation (TENS) unit. Currently, the injured worker complains of chronic upper and lower extremity pain. Medication included Norco which was used for an extended period of time (at least from 6-25-12) and gave 30% reduction in pain. Other meds include Omeprazole. Per the primary physician's progress report (PR-2) on 8-28-15, exam noted constant pain to cervical area that is radiating to both shoulders with myofascial muscle spasms, bilateral intermittent stiffness with handgrips 5 out of 5 bilaterally. The left knee has intermittent swelling and pain that radiates down the leg. There is tenderness with palpation to both hips, slightly numbness to touch R>L, ambulates without an assistive device, tenderness to medial aspect of left knee, and no crepitus on exam. The Request for Authorization requested service to include Norco 10/325mg #110, Omeprazole 20mg #60, Unknown sessions of Pool Therapy, Urine Toxicology Screen. The Utilization Review on 9-9-15 modified the request for Norco 10/325mg #68, and denied the request for Omeprazole 20mg #60, Unknown sessions of Pool Therapy, and Urine Toxicology Screen, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #110: 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, criteria for use.

Decision rationale: Norco 10/325 mg, #110 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if; (a) There are no overall improvement in function, unless there are extenuating circumstances. (b) Continuing pain with evidence of intolerable adverse effects. (c) Decrease in functioning. (d) Resolution of pain. (e) If serious non-adherence is occurring. (f) The patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), 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: Omeprazole 20mg #60 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long-term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long-term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Prilosec is therefore, not medically necessary.

Unknown sessions of Pool Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Unknown sessions of pool therapy are not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize effects of gravity, so it is specifically recommended where reduce weight bearing is desirable, for example extreme obesity. Whether exercise improves some components of health-related quality of life, balance, and stair climbing and 50 minutes with fibromyalgia, but regular exercise and high intensities may be required to preserve most of these gains. For ankle sprains, postsurgical treatment allows 34 visits of physical therapy over 16 weeks. The exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be of early passive range of

motion exercises at home by therapist. This randomized controlled trial supports early motion (progressing to full weight bearing at 8 weeks from treatment) as acceptable form of rehabilitation and surgically treated patients with Achilles tendon ruptures. The claimant's records did not indicate the rationale for aqua therapy. Per MTUS Guidelines pages 12, 22 aqua therapy is recommended where weight bearing is desirable. There is no documentation that weight-bearing exercises were desirable as result of a co-morbid condition such as extreme obesity; therefore, the requested service is not medically necessary.

Urine Tox Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Tox Screen.

Decision rationale: Urine Tox Screen Per Ca MTUS guideline on urine drug screen to assess for the use or the presence of illegal drugs as an option in patients on chronic opioids, and recommend screening for the risk of addiction prior to initiating opioid therapy. (1) However, these guidelines did not address the type of UDS to perform, or the frequency of testing. The ODG guidelines also recommends UDS testing using point of care immunoassay testing prior to initiating chronic opioid therapy, and if this test is appropriate, confirmatory laboratory testing is not required. Further urine drug testing frequency should be based on documented evidence of risk stratification including use of the testing instrument with patients at low risk of addiction, aberrant behavior. There is no reason to perform confirmatory testing unless tests is an appropriate orders on expected results, and if required, a confirmatory testing should be for the question drugs only. If urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the question drug. (2) There is no documentation of his urine drug testing limited to point of care immunoassay testing. Additionally, the provider did not document risk stratification using a testing instrument as recommended in the Ca MTUS to determine frequency of UDS testing indicated; therefore the requested services is not medically necessary.