

Case Number:	CM15-0204063		
Date Assigned:	10/20/2015	Date of Injury:	09/17/2010
Decision Date:	12/24/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/16/2015

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, 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:

This 59 year old man sustained an industrial injury on 9-17-2010. Diagnoses include cervical radiculopathy, S1 radiculopathy, chronic, myofascial pain syndrome of the cervical and thoracolumbar spine regions. Treatment has included oral medications and surgical interventions. Physician notes dated 9-17-2015 show complaints of neck pain as well as pain in the upper and lower back, depression, and moderate sleep problems without his medications. The worker rates his pain 6-8 out of 10 without medications and 2 out of 10 with medications. The physical examination shows "moderately restricted" cervical and lumbar spine range of motion, multiple myofascial trigger points with taut bands throughout the cervical, thoracic, lumbar, and gluteal musculature. The right wrist and elbow show "decreased" range of motion, "moderately decreased" range of motion in the right knee was noted, and sensation to pinprick and fine touch was decreased in the dorsum of the foot and bilateral calves. The worker was unable to perform heel-toe walks and ankle jerks were absent bilaterally. Recommendations include cervical epidural steroid injections, Tramadol-Acetaminophen, Naproxen, Wellbutrin, decrease Norco, urine drug screen, and follow up in six weeks. Utilization Review denied requests for cervical epidural steroid injection, Norco, and urine drug screen and modified a request for Naproxen on 10-5-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg every 8 hours for 6 weeks #90: Overturned

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: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. In general, the guidelines state that 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. In the submitted medical records, the treating physician does documented pain relief with medication use (which includes a regimen that includes naproxen). The injured worker is noted to benefit both functional and from a pain perspective, according to a progress report dated 6/25/2015. The guidelines do recommend monitoring for side effects such as GI upset, although the records do not clearly state the presence or absence of side effects attributable to the NSAID use. The current request is medically necessary.

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Regarding repeat epidural injections, guidelines state that repeat blocks should be based on "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks," with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is indication that previous epidural injections have provided > 50% relief for 3 months. This was done in December 2014. There is no documentation of functional improvement and reduction in medication use for at least six weeks in the time period following the injection. In the absence of such documentation, the currently requested repeat epidural steroid injection is not medically necessary.

Norco 10/325mg daily for 6 weeks #50: 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, criteria for use, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there are indications that the entire medication is improving the patient's function and pain. The pain is felt to be reduced by 60-70% with all meds per a progress note dated 6/25/15. It is noted that sometime between 2/23/15 and 6/25/15, the Norco was added to the regimen. With the initiation of a narcotic, there should have been the establishment of clear functional goals per guidelines. This information is absent in the records, and the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Urine drug screen: Upheld

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

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

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation of prescription of controlled substances such as a tramadol. No risk factor assessment, such as the utilization of the Opioid Risk Tool or SOAPP is apparent in the records, which would dictate the schedule of random periodic drug testing. Furthermore, there has been a frequency of urine toxicology testing that guidelines recommend only for higher risk opioid candidates. The submitted records contain urine drug results for dates of service 5/11/15, 1/22/15, and 3/10/15. Given this frequency without accompanying risk factor stratification, this request is not medically necessary.