

Case Number:	CM15-0024700		
Date Assigned:	02/17/2015	Date of Injury:	02/27/2003
Decision Date:	04/10/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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 49 year old male who sustained an industrial injury on 2/27/03. The injured worker reported symptoms in the back, neck, upper and lower extremities. The diagnoses included cervical disc protrusion, cervical radiculopathy, lumbar disc protrusion, lumbar radiculopathy, status post lumbar surgery, right shoulder sprain/strain, left shoulder full rotator cuff tear, and bilateral hip sprain/strain. Treatments to date include oral pain medications, physical therapy, home exercise program. In a progress note dated 11/6/14 the treating provider reports the injured worker complained of constant neck pain rated as being 6-7/10 with pain radiating to the bilateral upper extremities with numbness and tingling and constant low back pain. The pain score was rated at 5/10 for the back and 6/10 for bilateral shoulder pain. There is a significant history of depression, irritability, insomnia, anxiety disorder and suicidal thoughts. The medications listed are cyclobenzaprine, Robaxin, Ambien, Norco, Xanax and Omeprazole. On 1/21/15, Utilization Review non-certified the request for a transcutaneous electrical nerve stimulation unit and supplies for a 6 month trial, Norco 10/325 milligrams quantity of 120, Robaxin 750 milligrams quantity of 30 was modified to Robaxin 750 milligrams quantity of 24, Omeprazole 20 milligrams quantity of 60, intramuscular injection of Toradol 60 milligrams and B12 and a qualitative urine drug screen. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies x 6 month trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 113, 117,121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Electrical Stimulation Therapy.

Decision rationale: The CA MTUS and the ODG guidelines recommend that that transcutaneous electrical stimulation can be utilized for the treatment of musculoskeletal pain. The use of electrical stimulation unit can result in reduction in pain, increase in range of motion and decreased use of pain medications. The guidelines recommend that documentation of beneficial effects during an initial 1 month trial of the TENS unit is necessary before the treatment can be extended. The request for 6 months trial of TENS unit with supplies exceeds the guidelines recommended 1 month duration of treatment trial.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 992.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids. Mental illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, sedation, addiction, dependency and adverse interaction with other sedative medications. The records indicate that the patient is utilizing opioids with multiple sedative medications. There is significant history of symptomatic psychiatric and psychosomatic disorders that are associated with increased risk of opioid utilization complications. The records did not show failure of treatment with NSAIDs and non-opioid co-analgesics. The criteria for the use of Norco 10/325mg #120 was not met.

Robaxin 750mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

Decision rationale: The CA MTUS recommend that proton pump inhibitors can be utilized for the prophylaxis and treatment of NSAIDs induced gastritis in high-risk patients. The chronic use of NSAIDs can be associated with increased risk of gastritis in the elderly and in patients with a history of pre-existing gastric disease. The records did not show that this 49 year old is on chronic oral NSAIDs medications. There is no documented history of gastrointestinal disease. The criteria for the use of Omeprazole 20mg #60 was not met.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

Decision rationale: The CA MTUS recommend that proton pump inhibitors can be utilized for the prophylaxis and treatment of NSAIDs induced gastritis in high-risk patients. The chronic use of NSAIDs can be associated with increased risk of gastritis in the elderly and in patients with a history of pre-existing gastric disease. The records did not show that this 49 year old is on chronic oral NSAIDs medications. There is no documented history of gastrointestinal disease. The criteria for the use of Omeprazole 20mg #60 was not met.

IM injection of Toradol 60mg and B12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol). Decision based on Non-MTUS Citation ODG, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 992.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs. Vitamin B12.

Decision rationale: The CA MTUS and the ODG guidelines did not recommend the routine use of injectable NSAIDs in the treatment of chronic musculoskeletal pain. The routine use of injectable NSAIDs is associated with increased risk of NSAIDs related complications including bleeding. It is recommended that Toradol use be limited to the treatment of severe pain in peri-operative and acute settings. The records indicate that the patient was routinely administered Toradol injections when the subjective and objective findings were not consistent with a diagnosis of severe pain. There is no documentation of Vitamin B12 deficiency neuropathy. The criteria for the use of Toradol 60mg with B12 was not met.

Qualitative urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that random urine drug screen (UDS) can be utilized for compliance monitoring of patient on chronic opioids and sedative medications. It is recommended that UDS can be initiated at beginning of treatment then randomly up to 3-4 times. The records indicate that the patient is utilizing opioids with multiple sedative medications concurrently. There is documentation of significant psychiatric conditions including suicidal ideation; a red flag condition that requires more frequent compliance monitoring of medications treatment. The criteria for qualitative UDS was met.