

Case Number:	CM15-0024743		
Date Assigned:	02/17/2015	Date of Injury:	11/08/2011
Decision Date:	04/07/2015	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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32 year old male sustained an industrial injury on 11/8/11. He subsequently reports ongoing back, right shoulder, right knee and right ankle pain. The injured worker has undergone right shoulder and right ankle surgeries. Treatments to date have included injections and prescription pain medications. On 1/21/15, Utilization Review non-certified a request for Hydrocodone 5/325mg #60, Orphenadrine ER 100mg #60 with 2 refills, Naproxen sodium 550mg #30 with 2 refills and Omeprazole DR 20mg #30 with 3 refills. The above requests were denied based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on going management, opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with back pain, right shoulder pain, right knee/ankle pain. The treater has asked for HYDROCODONE 5/325MG #60 on 1/6/15. Patient has been using Hydrocodone since 8/12/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient is currently working with restrictions. In this case, the treater indicates a decrease in pain with current medications which include Hydrocodone, stating medications are the only thing that allows him to function at this time per 1/6/15 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has not been asked for and no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.

Orphenadrine ER 100mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63-66.

Decision rationale: This patient presents with back pain, right shoulder pain, right knee/ankle pain. The treater has asked for ORPHENADRINE ER 100MG #60 WITH 2 REFILLS on 1/6/15. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. MTUS further states: Effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. The request IS NOT medically necessary.

Naproxen sodium 550mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication, Medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with back pain, right shoulder pain, right knee/ankle pain. The treater has asked for NAPROXEN SODIUM 550MG #30 WITH 2 REFILLS on 1/6/15. The patient has been taking naproxen since 8/12/14 report. Regarding oral NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. This case, the patient presents with chronic lower back pain that has not improved. The patient has been taking Naproxen for more than 4 months without documentation of any improvement in pain and function. MTUS pg. 60 states that "A record of pain and function with the medication should be recorded." The requested Naproxen IS NOT medically necessary.

Omeprazole DR 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, for Prilosec.

Decision rationale: This patient presents with back pain, right shoulder pain, right knee/ankle pain. The treater has asked for OMEPRAZOLE OR 20MG #30 WITH 3 REFILLS on 1/6/15. Patient has been taking Prilosec since 8/12/14. Regarding NSAIDS and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. In this case, current list of medications do include an NSAID. However, the treater does not provide GI assessment to warrant a prophylactic use of a PPI. Review of reports shows there is no mention of GI issues, nor a diagnosis of GERD, gastritis or PUD. There is no documentation on the reports as to how the patient is doing with the PPI, and it's efficacy. The patient has been taking a PPI for more than 4 months, and the treater does not discuss why this medication should be continued. The request IS NOT medically necessary.