

Case Number:	CM15-0210149		
Date Assigned:	10/29/2015	Date of Injury:	08/30/2006
Decision Date:	12/10/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/26/2015

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:

The injured worker is a 59 year old female, who sustained an industrial injury on 8-30-2006. Diagnoses include cervical and lumbar degenerative disc disease, right shoulder adhesive capsulitis status post rotator cuff surgery, persistent headaches, mental health disorder, chronic pain and bilateral knee chondromalacia patella, and right knee osteoarthritis. Treatments to date include activity modification, physical therapy, chiropractic therapy, medication therapy, acupuncture treatment, and Orthovisc injections. On 9-21-15, she complained of ongoing neck and low back pain with radiation down bilateral upper extremities and right lower extremity. It was noted Vicoprofen had been stopped with resulting increased pain. Tramadol was noted to make her feel "excessively sedated." A recent prescription for Ibuprofen 800mg was noted to cause gastrointestinal (GI) irritation The Vicoprofen was noted to provide 50% relief of pain and increase tolerance to ambulation by 30 minutes. The physical examination documented cervical tenderness, decreased range of motion and positive facet loading bilaterally. There was lumbar tenderness with decreased range of motion and positive facet loading bilaterally. Decreased sensation to right L5 and S1 dermatomes was noted. The plan of care included restarting Vicoprofen twice a day as needed for pain, Prilosec once daily for gastritis, and Senna for constipation. The appeal requested authorization for prescriptions including Vicoprofen 7.5-200mg #60; Omeprazole 20mg #60; and Senna 100mg #60. The Utilization Review dated 10-10-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200, #60: Upheld

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

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

Decision rationale: The current request is for Vicoprofen 7.5/200, #60. Treatments to date include activity modification, physical therapy, chiropractic therapy, medication therapy, acupuncture treatment, and 2 Orthovisc injections. The patient's work status was not addressed. MTUS, criteria for use of opioids Section, 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, criteria for use of opioids Section, 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. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 09/21/15, the patient complained of ongoing neck and low back pain with radiation down bilateral upper extremities and right lower extremity. It was noted that Vicoprofen had been denied which has resulted in increased pain. Her neck and back pain was rated as 4-6/10, but can increase up to 8/10. The Vicoprofen has provided 50% relief of pain and increase tolerance to walking by 30 minutes. She reports some constipation with medications. The patient is to take Vicoprofen twice a day as needed for pain, Prilosec once daily for gastritis, and Senna for constipation. UDS and CURES report dated 09/21/15 is consistent. In this case, the same generic statement she says that Vicoprofen helps decrease her pain about 50% and allows her to increase her walking distance by about 30 minutes is continually provided. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves specific functional improvement, there is no changes in ADLs or change in work status to document significant functional improvement. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication. Therefore, the request IS NOT medically necessary and the patient should be weaned per MTUS.

Omeprazole 20mg, #60: Overturned

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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The current request is for OMEPRAZOLE 20MG, #60. Treatments to date include activity modification, physical therapy, chiropractic therapy, medication therapy, acupuncture treatment, and 2 Orthovisc injections. The patient's work status was not addressed. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, pages 68-69 states that "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per report 09/21/15, the patient complained of ongoing neck and low back pain with radiation down bilateral upper extremities and right lower extremity. It was noted that Vicoprofen had been denied which has resulted in increased pain. Her neck and back pain was rated as 4-6/10, but can increase up to 8/10. A recent prescription for Ibuprofen 800mg was noted to cause gastrointestinal (GI) irritation. The treater recommended Vicoprofen twice a day as needed for pain, Prilosec once daily for gastritis, and Senna for constipation. Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. The treater has documented intolerance to NSAID without the utilization of a PPI. This request appears reasonable and in accordance with guideline indications. Therefore, the request IS medically necessary.

Senna 100mg, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Pain (Chronic): Opioid-induced constipation treatment.

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

Decision rationale: The current request is for SENNA 100MG, #60. Treatments to date include activity modification, physical therapy, chiropractic therapy, medication therapy, acupuncture treatment, and 2 Orthovisc injections. The patient's work status was not addressed. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Per report 09/21/15, the patient complained of ongoing neck and low back pain with radiation down bilateral upper extremities and right lower extremity. The patient reports constipation with the use of medications. The treater recommended Vicoprofen twice a day as needed for pain, Prilosec once daily for gastritis, and Senna for constipation. In this case, the patient is prescribed Senokot for opiate-induced constipation. Progress notes consistently document the efficacy of this medication in resolving this patient's constipation complaints. The requested opioid has been recommended for non-certification. However, the use of this medication will be necessary to prevent constipation during the weaning period. Therefore, the request IS medically necessary.

