

Case Number:	CM15-0041648		
Date Assigned:	03/11/2015	Date of Injury:	03/04/2002
Decision Date:	04/24/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/05/2015

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: New York
Certification(s)/Specialty: Emergency Medicine

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 53 year old male who has reported widespread pain and mental illness after an injury on 3/4/02. The diagnoses have included cervical disc degeneration, post cervical laminectomy syndrome, cervicgia, bilateral carpal tunnel syndrome, bilateral shoulder strain with impingement, knee pain, chronic pain syndrome and depression. Treatments to date have included numerous injections, left carpal tunnel release x 2, trigger finger releases, cervical spine surgery x 3, physical therapy, and right shoulder surgery. There are at least two treating physicians who prescribe analgesics. The materials included reports from a pain management physician dated 10/20/14, 11/21/14, and 1/19/15. The pain management physician has been prescribing Norco and "temporarily totally disabled" work status. Additional Norco was requested on 2/17/15. The treating neurologist who is the source of the treatment requests now under Independent Medical Review has seen the injured worker periodically in 2014 to 2015. Per the PR2 of 10/10/14, Percocet, cyclobenzaprine, Lunesta, and omeprazole were continued. Omeprazole was reportedly for heartburn due to NSAIDs. The specific results for the other medications were not listed. Work status was "temporarily totally disabled." Per the PR2 of 12/5/14, there was neck pain and knee pain. The knee pain made it difficult to do activities of daily living. Pain medications reduced pain from 10 to 7/10. Heartburn was relieved with omeprazole. There was a slow but normal gait. The same medications were continued, again without patient-specific results of use. Wellbutrin was added. Home care was recommended due to neck pain and knee pain. Percocet was stopped, for unclear reasons. Per the PR2 of 1/30/15 there was ongoing knee and neck pain. Norco was used daily for knee pain. There was ongoing difficulty with performing activities of daily living. Pain was reduced from 10 to 7/10 pain with opioids. Heartburn was helped with omeprazole. The same medications were continued. The treatment requests were referred for Independent Medical Review after the Utilization Review

decisions. On 2/17/15 Utilization Review non-certified Flexeril, Lunesta, in home care, and omeprazole. Norco was partially certified. Imaging, surgical consultation, pads, and an office visit were certified. The MTUS and the Official Disability Guidelines were cited in support of these decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. Aberrant use of opioids is common in this population. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significantly increased function from the opioids used to date. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines, including random drug screens. The prescribing physician describes this patient as "temporarily totally disabled," which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The records show that this patient is receiving opioids from more than one physician. The MTUS recommends that patients receive their medication from one physician and one pharmacy only. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Flexeril 10mg bid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of

chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. There is no quantity listed, which could potentially imply an indefinite supply rather than short-term use recommended in the MTUS. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Cyclobenzaprine, per the MTUS, is indicated for short-term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Lunesta 3mg Qhs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short-term use of hypnotics, discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. There is no quantity listed, which could potentially imply an indefinite supply rather than short-term use recommended in the guidelines. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. The reports do not show specific and significant benefit of Lunesta over time. Lunesta is not medically necessary based on lack of a sufficient analysis of the patient's condition, the ODG citation, and overuse of habituating and psychoactive medications without clear benefit or indication.

Omeprazole 20mg 1-2/day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports that adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. Heartburn is not a formal diagnosis and there is insufficient evidence to support any gastrointestinal diagnosis. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. This injured worker is not taking NSAIDs or other medications likely to adversely affect the acid milieu of the upper gastrointestinal tract, contrary to what is stated in the physician reports. If one were to presume that a medication were to be the cause of the gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of any attempts to determine the cause of symptoms, including minimal attempts to adjust medications. PPIs are not benign. The MTUS, FDA, and recent medical literature have

described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

In home care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: Home care of a custodial nature may be medically necessary when a patient has an injury or illness which renders them unable to provide basic self care. A patient report of impairment is not a sufficient basis on which to provide home care. Patient convenience is not an adequate basis for home custodial care. There must also be good medical evidence to support the need for home care. In this case, typical patients of this sort are able to provide for themselves with respect to activities of daily living. No medical reports establish specific impairment requiring home assistance. Gait was adequate and there was no other evidence of a major deficit. Return to function and maintenance of function are aided by patient activity, not inactivity. The request does not define any duration, frequency, or content of the proposed home care. The request is therefore not adequate. There is insufficient information now demonstrating medical necessity for home custodial care; it is not medically necessary.