

Case Number:	CM15-0042231		
Date Assigned:	03/12/2015	Date of Injury:	04/18/2012
Decision Date:	04/16/2015	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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 51 year old female, who sustained an industrial injury on April 18, 2012. She reported chronic bilateral upper and lower extremity pain and abdominal pain. The injured worker was diagnosed as having bilateral forearm tendinitis and right carpal tunnel syndrome, bilateral internal derangement of the knees, cervical sprain and radiculitis, thoracic sprain, lumbar spine strain/sprain, bilateral shoulder impingement, bilateral elbow epicondylitis, left ankle sprain, headaches, gastrointestinal upset, four quadrant body pain and insomnia. Treatment to date has included radiographic imaging, diagnostic studies, right carpal tunnel and left knee surgical intervention, conservative therapies, pain medications and work restrictions. Currently, the injured worker complains of headaches, neck pain, bilateral shoulder pain with associated tingling and numbness of the upper extremities and hand and thumbs and lower extremity pain with tingling, numbness and weakness. The injured worker reported an industrial injury in 2012, resulting in the above noted pain and symptoms. She has been treated conservatively and surgically without resolution of the pain. It was noted she continued to experience pain and required pain medications. Evaluation on January 16, 2015, revealed continued pain with associated symptoms as previously noted. Physical therapy, continuing a home exercise plan, medications and orthopedic braces for the thumb were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

One random urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, random urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnoses are bilateral knee derangement/patellofemoral arthralgia status post left medial meniscectomy; cervical/trapezial musculoligamentous sprain/strain right of the extremities; thoracolumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis; bilateral shoulder impingement/strain; bilateral elbow medial lateral epicondylitis; and left ankle sprain. The utilization review from December 23, 2014 indicates the opiate (tramadol) was non-certified. The documentation does not contain a risk assessment or detailed assessment. In the absence of a risk assessment, the frequency of urine drug testing cannot be determined based on the missing low risk, intermediate or high-risk classification for an injured worker. There is no documentation in the medical record of aberrant drug-related behavior, drug misuse or abuse. Consequently, absent clinical documentation with a risk assessment and non-certification of Tramadol in December 2014, random urine drug testing is not medically necessary.

One prescription of Zanaflex 2mg: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 2mg is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are bilateral knee derangement/patellofemoral arthralgia

status post left medial meniscectomy; cervical/trapezial musculoligamentous sprain/strain right of the extremities; thoracolumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis; bilateral shoulder impingement/strain; bilateral elbow medial lateral epicondylitis; and left ankle sprain. The documentation indicates the treating physician prescribed Fexmid (Flexeril) in a progress note dated November 5, 2014. Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain or an exacerbation of chronic low back pain. Fexmid was discontinued January 16, 2015 because of drowsiness. Zanaflex 2 mg was started. Zanaflex 2 mg is not clinically indicated. There was no documentation of objective functional improvement with Flexeril. Additionally, the treating physician exceeded the recommended guidelines for short-term use. Consequently, absent clinical documentation with objective functional improvement while continuing Flexeril in excess of the recommended guidelines of less than two weeks, Zanaflex 2 mg is not medically necessary.

One prescription of Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are bilateral knee derangement/patellofemoral arthralgia status post left medial meniscectomy; cervical/trapezial musculoligamentous sprain/strain right of the extremities; thoracolumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis; bilateral shoulder impingement/strain; bilateral elbow medial lateral epicondylitis; and left ankle sprain. Voltaren cause drowsiness. The treating physician discontinued Voltaren January 16, 2015. The documentation does not contain any risk factors for gastro-intestinal such as peptic ulcer, G.I. bleeding, concurrent use of aspirin, etc. Additionally, the non-steroidal anti-inflammatory was discontinued. There is no subsequent clinical indication for continued use of a proton pump inhibitor. Consequently, absent clinical documentation with risk factors for gastrointestinal events and a non-steroidal anti-inflammatory drug (taken on a regular basis), Prilosec 20 mg #30 is not medically necessary.