

Case Number:	CM15-0044998		
Date Assigned:	03/17/2015	Date of Injury:	09/25/2010
Decision Date:	04/23/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/10/2015

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: Pennsylvania
 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 55 year old female who sustained an industrial injury on 09/25/2010. She has reported injury to the cervical spine. The diagnoses have included chronic pain, cervical radiculopathy, status post cervical spinal fusion/status post anterior C5-C7 fusion. Additional history includes hypertension. Treatment to date has included medications, cervical epidural steroid injections, acupuncture, chiropractic therapy, physical therapy, home exercise program, and surgical intervention. Records indicate that the injured worker was prescribed Norco, motrin, voltaren gel, and opana in February 2014. A summary of records notes that the injured worker had not worked since at least 2012. Additional medication has included MS contin and Nucynta. Progress note from the primary treating physician on November 3, 2014 notes that the injured worker did not have any analgesic benefit from Opana ER and was also reporting severe nausea. She was using 7 to 12 tablets of norco daily. The physician noted that the number of Norco that the injured worker was using put her above the daily limit for aceraminophen usage. Nucynta was noted to provide functional benefits in activities of daily living. The physician documented that the injured worker had signed a narcotic contract, that a urine drug screen in June 2014 was consistent, and that a prior questionnaire placed her in the high risk category. Work status was temporarily totally disabled. On the same date, 11/3/14, a pain management physician documented that the injured worker was off norco completely. Progress notes from the primary treating physician from 11/3/14, 12/2/14, 1/6/15, and 02/02/2015 note that the injured worker complains of neck pain radiating into both of her upper extremities with the right side affected greater than the left side; occasional numbness and tingling in the right upper extremity.

Objective findings included hypertonic paraspinal musculature throughout the cervical spine, with no motor weakness or sensory deficits. Medications in February 2015 included cozaar, Pepcid, reglan, motrin, voltaren topical, nucynta, Elavil, flexeril, and oxycodone. Multiple elevated blood pressure readings were documented. On 2/24/15, the physician documented that the injured worker was feeling better after epidural injections and Nucynta. Range of motion of the neck was 50% of normal and there was pain with extension. Another epidural injection was requested. Diagnoses were documented as degenerative disc disease cervical spine, status post cervical fusion with chronic neck pain and upper extremity pain, radiculitis upper extremities with moderate chronic active C7 radiculopathy. On 3/5/15, Utilization Review (UR) non-certified requests Norco 10/325 mg #270 #180, with 5 refills; Motrin 800 mg #90 with 2 refills; and Opana ER 200 mg. A request for cozaar 25 mg X one month supply was partially certified. UR cited the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cozaar 25mg: 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) Treatment in Workers Compensation (TWC); Diabetes procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG diabetes chapter: hypertension treatment and Other Medical Treatment Guidelines Overview of hypertension in adults. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The MTUS is silent on treatment of hypertension. The ODG addresses hypertension treatment in the context of patients with additional diagnosis of diabetes. The additional citation notes that all hypertensive patients should undergo appropriate lifestyle modification. Antihypertensive medications should generally be begun if the systolic blood pressure is persistently more than or equal to 140 mmHg in patients younger than 60 years, or more than or equal to 150 mmHg in patients 60 years and older, and/or the diastolic pressure is persistently more than 90 despite attempted nonpharmacologic therapy. Starting with two drugs should be considered in patients with a baseline blood pressure above 160/100. There are four main classes of drugs that are recommended for use as initial monotherapy: thiazide diuretics, long acting calcium channel blockers, angiotensin-converting enzyme (ACE) inhibitors, and angiotensin II receptor blockers (ARBs). Most guidelines support the use of any of these classes as initial therapy in many patients. This injured worker has a diagnosis of hypertension, treated with cozaar, with elevated blood pressure readings documented in the records submitted. The most recent blood pressure was 144/78 on 2/24/15. Cozaar is an angiotensin II receptor blocker. Per the guidelines, cozaar is recommended for treatment of hypertension. The request for cozaar is therefore medically necessary.

Norco 10/325mg #270 #180, with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

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, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Norco has been prescribed for at least one year. An opioid contract was discussed but not submitted. The injured worker remains temporarily totally disabled and the documentation indicates she has not worked since 2012. The injured worker has a diagnosis of chronic neck pain. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date, other than nucynta. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. 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." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not adequately documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The documentation indicates that an initial questionnaire placed the injured worker in the high risk category. Per the guidelines, frequent urine drug screens, as often as monthly, are indicated in for patients at high risk of aberrant behavior. Only one urine drug screen was discussed, from June 2014, and no results were provided. Norco contains hydrocodone and acetaminophen. Hydrocodone has a recommended maximum dose of 60 mg per 24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The documentation indicates that the injured worker had been using 7-12 norco daily, which is greater than the recommended maximum dose of hydrocodone and approaches the maximum dose of acetaminophen daily. The number requested is consistent with a dose of hydrocodone greater than the maximum recommended dose. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Motrin 800mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): p.67-73.

Decision rationale: Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. This injured worker has a history of chronic neck pain. Motrin has been prescribed for at least one year. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. This injured worker has a diagnosis of hypertension, with documentation of multiple elevated blood pressure readings. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS, as no laboratory testing was submitted. The treating physician is prescribing oral and transdermal NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. There was no documentation of functional improvement as a result of use of motrin. The injured worker remains on temporarily totally disabled work status and documentation indicates she has not worked since at least 2012. No improvement in activities of daily living as a result of motrin were documented. Office visits have continued at the same frequency. Due to duration of use in excess of the guidelines, lack of functional improvement, and potential for toxicity, the request for motrin is not medically necessary.

Opana ER 200mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): p. 74-96.

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, and opioid contract. 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. An opioid contract was discussed but not submitted. The injured worker remains temporarily totally disabled and the documentation indicates she has not worked since 2012. The injured worker has a diagnosis of chronic neck pain. The injured worker has been prescribed opana intermittently since February

2014. Multiple progress notes document that the injured worker did not have any analgesic benefit from Opana, and that it caused severe nausea. There is no evidence of significant pain relief or increased function from the opioids used to date, other than nucynta. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. 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." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not adequately documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The documentation indicates that an initial questionnaire placed the injured worker in the high risk category. Per the guidelines, frequent urine drug screens, as often as monthly, are indicated in for patients at high risk of aberrant behavior. Only one urine drug screen was discussed, from June 2014, and no results were provided. As currently prescribed, opana does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.