

Case Number:	CM15-0049941		
Date Assigned:	03/23/2015	Date of Injury:	07/05/2013
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/17/2015

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 57 year old female, who sustained an industrial injury on 07/05/2013. She has reported subsequent back and left leg pain and was diagnosed with cervical/thoracic/lumbar sprain/strain and bilateral wrist sprain and heel pain. Treatment to date has included oral, topical and injectable pain medication. In a progress note dated 02/12/2015, the injured worker complained of constant back pain radiating to the lower extremities. Objective findings were notable for tenderness of the lumbar, thoracic and cervical spine with muscle spasms. Requests for authorization of Ultracet, Motrin and Prilosec were made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 5/325mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: The patient presents on 02/12/15 with unrated neck pain which radiates into the upper back, and unrated lower back pain which radiates into the bilateral feet with pins and needles sensation. The patient's date of injury is 07/05/13. Patient has no documented surgical history directed at these complaints. The request is for ULTRACET 5/325MG TID #90. The RFA was not provided. Physical examination dated 02/12/15 reveals tenderness to palpation of the lumbar spine with spasms noted from L1-L5, tenderness to palpation of the thoracic spine with spasms noted from T6-T8, and tenderness to palpation of the cervical spine with spasms noted from C2-C7. Treater also notes tender bilateral feet. The patient is currently prescribed Ultracet, Motrin, Prilosec, Terocin patches, and Thera-gesic cream. Diagnostic imaging included cervical MRI dated 09/04/14, significant findings include: "C4-5 focal central disc herniation which causes stenosis of the spinal canal... disc measurements NEUTRAL 3.0mm." Per 02/12/15 progress note, patient is advised to remain off work until 04/01/15. MTUS Chronic Pain Medical Treatment Guidelines pages 88 - 89 under Opioids, long-term assessment 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. In regard to the request for Ultracet for this patient's chronic pain, the treater has not provided adequate documentation to substantiate continued use. This medication has been prescribed since at least 01/22/15. However, there is no mention of pain reduction, no documentation of specific functional improvement, and no behavioral issues are addressed in the subsequent report. No urine drug screens or discussion of medication consistency is included, either. Owing to a lack of 4As as required by MTUS, the continued use of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

Motrin 600mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

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

Decision rationale: The patient presents on 02/12/15 with unrated neck pain which radiates into the upper back, and unrated lower back pain which radiates into the bilateral feet with pins and needles sensation. The patient's date of injury is 07/05/13. Patient has no documented surgical history directed at these complaints. The request is for MOTRIN 600MG TID #90. The RFA was not provided. Physical examination dated 02/12/15 reveals tenderness to palpation of the lumbar spine with spasms noted from L1-L5, tenderness to palpation of the thoracic spine with spasms noted from T6-T8, and tenderness to palpation of the cervical spine with spasms noted from C2-C7. Treater also notes tender bilateral feet. The patient is currently prescribed Ultracet, Motrin, Prilosec, Terocin patches, and Thera-gesic cream. Diagnostic imaging included cervical MRI dated 09/04/14, significant findings include: "C4-5 focal central disc herniation which causes stenosis of the spinal canal... disc measurements NEUTRAL 3.0mm." Per 02/12/15 progress note, patient is advised to remain off work until 04/01/15. MTUS Chronic Pain Medical

Treatment Guidelines, pg 22 for Anti-inflammatory medications states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS Chronic Pain Medical Treatment Guidelines, pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the request for Motrin, the treater has not documented pain reduction or functional improvement attributed to this medication. Progress notes indicate that this patient has been taking Motrin since at least 01/22/15. The subsequent note dated 02/12/15 does not address medication efficacy. NSAIDs such as Ibuprofen are considered first line medication for complaints of this type, though without clearly established prior efficacy medical necessity cannot be substantiated. Therefore, the request IS NOT medically necessary.

Prilosec 20mg BID #60: Upheld

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

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

Decision rationale: The patient presents on 02/12/15 with unrated neck pain which radiates into the upper back, and unrated lower back pain which radiates into the bilateral feet with pins and needles sensation. The patient's date of injury is 07/05/13. Patient has no documented surgical history directed at these complaints. The request is for PRILOSEC 20MG BID #60. The RFA was not provided. Physical examination dated 02/12/15 reveals tenderness to palpation of the lumbar spine with spasms noted from L1-L5, tenderness to palpation of the thoracic spine with spasms noted from T6-T8, and tenderness to palpation of the cervical spine with spasms noted from C2-C7. Treater also notes tender bilateral feet. The patient is currently prescribed Ultracet, Motrin, Prilosec, Terocin patches, and Thera-gesic cream. Diagnostic imaging included cervical MRI dated 09/04/14, significant findings include: "C4-5 focal central disc herniation which causes stenosis of the spinal canal... disc measurements NEUTRAL 3.0mm." Per 02/12/15 progress note, patient is advised to remain off work until 04/01/15. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 under NSAIDs, GI symptoms & cardiovascular risk has the following: "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for Prilosec, the reports provided show the patient has been prescribed this medication since at least 11/25/14. However, the treater does not specifically discuss any GI symptoms at initiation and there is no documentation of efficacy in the subsequent reports. Most recent progress report dated 02/12/15 indicates that this patient is prescribed an NSAID: Motrin. While PPI's such as Prilosec are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of

GI symptoms, pertinent examination findings, or other subjective complaints which would support continued use of this medication. Therefore, this request IS NOT medically necessary.