MAXIMUS Federal Services

Case Number:	CM15-0056065		
Date Assigned:	04/01/2015	Date of Injury:	01/05/2012
Decision Date:	05/18/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/24/2015

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 57 year old female who has reported low back and extremity conditions after falling on 1/5/12. The injured worker was diagnosed with left third finger trigger finger, low back pain with left lower extremity symptoms, and left ankle pain. Treatment to date has included a left third finger trigger finger release on 11/24/14, physical therapy and medications. Reports from other physicians show diabetes and poorly controlled hypertension. Reports from the treating surgeon during 2014-2015 show ongoing dispensing of multiple medications and non-specific functional improvement with unspecified medications. Tramadol reduces pain by 5 of 10 points. NSAIDs reduce pain by 2-3 points and cause "GI upset" without a tid PPI. Cyclobenzaprine decreases pain by 2-3 points. The injured worker has been stated to be not working, and there is no specific description of work status and functional abilities. Physical therapy reports show initial physical therapy after the finger surgery on 1/12/15 with completion of visits in March 2015. No physician reports discuss the results of this therapy. The urine drug screen on 9/15/14 was positive for cyclobenzaprine and alcohol. It was negative for all opioids, including tramadol. The PR2 of this date reported major pain relief with ongoing use of tramadol. The urine drug screen of 10/17/14 was positive for cyclobenzaprine and diphenhydramine. These test results were not discussed by the physician other than stating that the results were consistent with the prescriptions, and prescribing was not changed in any way. On 2/9/15 and 3/9/15 there was ongoing pain. Note was made of 8/10 physical therapy sessions completed. The finger was still triggering. There was no discussion of the physical therapy results and no discussion of functional improvement. The medications now under Independent

Medical Review and additional physical therapy were prescribed. On 3/18/15 Utilization Review non-certified physical therapy, pantoprazole, tramadol, and Colace. Naproxen was certified. Note was made of 10 post-op visits already completed and that the MTUS recommendations had been exceeded. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

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, Tramadol Page(s): 77-81, 94, 80, 81, 60, 94, and 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Alcohol and opioids, Pain chapter, Opioids.

Decision rationale: There is insufficient 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. There is no evidence of significantly increased function from the opioids used to date. The injured worker has not returned to work and work status is not addressed. This fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. 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." There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Although the urine drug screens to date have not been performed according to sufficiently rigorous quality criteria, the results that are available reflect patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy. The drug screens did not show tramadol and were positive for alcohol. It is not clear that the injured worker is even taking tramadol, and the physician report implies that she is even when the test shows that she is not. The Official Disability Guidelines, chronic pain, opioid section states: "Extreme caution is required for any opioid use in patients with the following: (1) Individuals with a high risk for misuse or diversion; (2) Individuals with evidence of substance abuse issues"; "The risk of overdose increases when opioids are used with other drugs (such as benzodiazepines, cocaine, and/or heroin) or alcohol." "Recommend that if a patient exhibits aberrant behaviors these concerns should be addressed immediately. It has been suggested that most chronic pain problems will not resolve while there is active and ongoing alcohol, illicit drug, or prescription drug abuse." There is no evidence that the treating physician has paid the necessary attention to the use of alcohol while opioids were prescribed. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and the Official Disability Guidelines, and is therefore not medically necessary.

Pantoprazole 20mg #60: 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), Pain, Proton pump inhibitors (PPIs).

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

Decision rationale: There are no medical reports, which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. Long term PPI therapy was apparently started based on reports of stomach upset with an NSAID. 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. The actual benefit of taking NSAIDs is not clear in light of the minimal information in the medical reports. 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. The long term use of a PPI should only be continued if it is necessary due to a specific medical condition, and the benefits outweigh the risks. This kind of information has not been discussed in the medical reports. This PPI is not medically necessary based on lack of sufficient clinical evaluation, guideline recommendations, and risk of toxicity.

Colace 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy [with opioids] Page(s): 77.

Decision rationale: Per the guidelines, (d) Prophylactic treatment of constipation should be initiated. Although laxatives are indicated when opioids are prescribed, the opioids are not medically necessary in this case. The treating physician has not provided other reasons for laxatives so laxatives would not be medically necessary if opioids are not medically necessary.

Additional post op physical therapy 3 times a week for 4 weeks for the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: The MTUS for post-surgical physical medicine states that post-surgical physical therapy is for functional improvement. The recommended total course of therapy for this condition is 9 visits. 10 visits were completed. There are no reports from the surgeon addressing the results of physical therapy to date, or which address current function. No physician reports since the completion of the 10 visits describe functional improvement and reasons why further physical therapy is necessary. Given that this injured worker has completed a course of physical therapy which exceeds the quantity recommended by the MTUS, the lack of any reports which describe specific results from physical therapy, and the lack of physician reports describing specific functional improvement, the medical necessity for further physical therapy have not been established. No further physical medicine is medically necessary based on lack of functional improvement and the MTUS.