

Case Number:	CM15-0056632		
Date Assigned:	04/01/2015	Date of Injury:	01/22/2003
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/25/2015

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 49-year-old male who has reported low back pain, leg pain and mental illness after using a shovel on 1/22/03. The diagnoses have included discogenic disease, and disk protrusion. Treatments to date have included medications, spine injections, physical therapy, and surgery. The psychiatric QMEs noted a history of alcohol abuse prior to this injury and regular opioid use since shortly after this injury. Subsequent physician reports show minimal daily function and no return to work. Per the current primary treating physician evaluation on 11/4/14, there was ongoing low back pain. He was taking Vicodin, diclofenac, omeprazole "to protect his stomach", and Effexor. He reportedly was off these meds for 4 weeks. He had never returned to work. Alcohol history was stated to be negative. The blood pressure was elevated. The treatment plan included decreasing Vicodin, diclofenac, venlafaxine, omeprazole, a urine drug screen, and alprazolam for sleep. There was no work status or discussion of daily function. The specific results of using these medications were not discussed. A urine drug screen on 11/4/14 was positive for tetrahydrocannabinol (THC) only. Subsequent monthly reports from the primary treating physician have much of the same history, report on a urine drug screen at each visit, and have a work status of 'temporarily totally disabled.' The urine drug screens are positive for THC and negative for opioids and benzodiazepines. On 12/30/14, Effexor was replaced with cyclobenzaprine. The THC was stated to be from medical marijuana, for which a card was requested. A repeat urine drug screen was prescribed, and was again positive only for THC. The urine drug screen on 1/26/15 was positive for THC, hydrocodone, diclofenac, and benzodiazepines. The report on 2/25/15 was essentially the same as those before it, with

continuation of the same medications. The urine drug screen of that date was positive for hydrocodone and THC. The drug tests did not show cyclobenzaprine. None of the drug test results were discussed other than THC. On 3/16/15, Utilization Review partially certified hydrocodone/acetaminophen and alprazolam, and non-certified cyclobenzaprine and omeprazole. Diclofenac ER was certified. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #90: Upheld

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

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 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. 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 significant pain relief or increased function from the opioids used to date, as the treating physician does not address the specific results of using Vicodin. 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. 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 random 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. 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 injured worker has failed multiple drug screens, and the treating physician in any way other than stating that THC is acceptable in this state and that he would not prescribe, it has not addressed the results. 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. Therefore, this request is not medically necessary.

Alprazolam XR 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The treating physician has not provided a sufficient account of the indications and functional benefit for this medication. The MTUS does not recommend benzodiazepines for long-term use for any condition, including insomnia. The prescribing has occurred chronically, not short term as recommended in the MTUS. The treating physician has not addressed the failed drug screens. The "temporarily totally disabled" work status implies a lack of any functional improvement. This benzodiazepine is not prescribed according the MTUS and is not medically necessary.

Cyclobenzaprine 10mg #60: 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): 63-66.

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. Prescribing has occurred consistently for months. The quantity prescribed implies long-term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function because of prescribing muscle relaxants. The treating physician has not addressed the drug tests, which showed no cyclobenzaprine. 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.

Omeprazole 20mg #60: 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, which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. Cotherapy with a non-steroidal anti-inflammatory agent (NSAID) is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case, as presented in the MTUS. Proton pump

inhibitors (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.