

Case Number:	CM15-0059315		
Date Assigned:	04/03/2015	Date of Injury:	03/02/2012
Decision Date:	09/24/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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 63-year-old male who sustained an industrial injury on 03/02/12. Initial complaints and diagnoses are not available. Treatments to date include medications and home exercise program. Diagnostic studies are not addressed. Current complaints include lumbar spine and left hip pain. Current diagnoses include left hip and lumbar spine strain/sprain. In a progress note dated 02/25/15 the treating provider reports the plan of care as surgical and pain management consultations, urine toxicology, and medication including ibuprofen, Prilosec, and Norco. The requested treatments include surgical and pain medicine consultations, and medications including ibuprofen, Prilosec, Norco, and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Surgical Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The current request is for Outpatient Surgical Consultation. The RFA is dated 05/20/15. Treatments to date include medications and home exercise program. The patient's work status was not addressed. American College of Occupational and Environmental Medicine, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Per report 05/20/15, the patient presents with constant, stabbing and sharp pain in the left hip, lower back and left knee. The patient rates his pain as 9/10. Examination revealed tenderness in the hip, lumbar area and left knee joint line. Report 4/08/15 notes that the patient is in severe pain and is unable to walk. Left hip examination revealed extreme tenderness and significant decreased ROM. Under treatment, plan the treater states that the patient is in need of hip replacement surgery, pain management and refill of medications. The reports are hand written and the medical discussions regarding this patient is limited. The patient is taking medications Ibuprofen, Prilosec and Norco. The patient has severe hip pain and significant decrease in ROM. The treater thinks the patient may need hip surgery and has requested an initial surgical consultation. A surgical evaluation for the patient's continued hip pain for additional expertise is reasonable and ACOEM guidelines indicate that such consultations are supported by guidelines at the provider's discretion. Therefore, the request is medically necessary.

Outpatient Pain Management Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The current request is for Outpatient Pain Management Consultation. The RFA is dated 05/20/15. Treatments to date include medications and home exercise program. The patient's work status was not addressed. American College of Occupational and Environmental Medicine, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Per report 05/20/15, the patient presents with constant, stabbing and sharp pain in the left hip, lower back and left knee. The patient rates his pain as 9/10. Examination revealed tenderness in the hip, lumbar area and left knee joint line. Report 4/08/15 notes that the patient is in severe pain and is unable to walk. Left hip examination revealed extreme tenderness and significant decreased ROM. Under treatment, plan the treater states that the patient is in need of hip replacement surgery, pain management and refill of medications. The report is hand written and the medical discussions regarding this patient is limited. The patient is taking medications

Ibuprofen, Prilosec and Norco. A Pain Management evaluation for the patient's significant multi body part pain is reasonable and ACOEM guidelines indicate that such consultations are supported by guidelines at the provider's discretion. Therefore, the request is medically necessary.

Ibuprofen 800mg (no quantity provided): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medication Page(s): 22.

Decision rationale: The current request is for Ibuprofen 800mg (no quantity provided). The RFA is dated 05/20/15. Treatments to date include medications and home exercise program. The patient's work status was not addressed. MTUS chronic pain guidelines, under anti-inflammatory medication, page 22 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 nonselective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." Per report 05/20/15, the patient presents with constant, stabbing and sharp pain in the left hip, lower back and left knee. The patient rates his pain as 9/10. Examination revealed tenderness in the hip, lumbar area and left knee joint line. Report 4/08/15 notes that the patient is in severe pain and is unable to walk. Left hip examination revealed extreme tenderness and significant decreased ROM. Under treatment, plan the treater states that the patient is in need of hip replacement surgery, pain management and refill of medications. The patient has been using Ibuprofen since at least 12/04/14. The requesting physician has provided no discussion regarding pain or functional changes with prescribing Ibuprofen. MTUS Chronic Pain Guidelines under medications for chronic pain, page 60, states, "A record of pain and function with the medication should be recorded" when medications are used for chronic pain. Given this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit, the request is not medically necessary.

Prilosec 20mg (no quantity provided): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is for Prilosec 20mg (no quantity provided). The RFA is dated 05/20/15. Treatments to date include medications and home exercise program. The patient's work status was not addressed. MTUS Chronic Pain Guidelines, NSAIDs, GI symptoms & cardiovascular risk Section page 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per report 05/20/15, the patient presents with constant, stabbing and sharp pain in the left hip, lower back and left knee. The patient rates his pain as 9/10. Examination revealed tenderness in the hip, lumbar area and left knee joint line. Report 4/08/15 notes that the patient is in severe pain and is unable to walk. Left hip examination revealed extreme tenderness and significant decreased ROM. Under treatment, plan the treater states that the patient is in need of hip replacement surgery, pain management and refill of medications. The patient has been using Prilosec concurrently with ibuprofen since at least 12/04/14. The treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

Norco 10/325mg (no quantity provided): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The current request is for Norco 10/325mg (no quantity provided). The RFA is dated 05/20/15. Treatments to date include medications and home exercise program. The patient's work status was not addressed. MTUS, Criteria for use of Opioids, pages 88 and 89 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 4A's (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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report 05/20/15, the patient presents with constant, stabbing and sharp pain in the left hip, lower back and left knee. The patient rates his pain as 9/10. Examination revealed tenderness in the hip, lumbar area and left knee joint line. Report 4/08/15 notes that the patient is in severe pain and is unable to walk. Left hip examination revealed extreme tenderness and significant decreased ROM. Under treatment, plan the treater states that the patient is in need of hip replacement surgery, pain management and refill of medications. The patient has been using Norco since at least 03/15/15. In this case, MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show functional improvement and there are no documentation regarding adverse effects and aberrant drug behavior. There are monthly urine toxicology screenings, but no CURES or

opioid contract are provided. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication. Therefore, the request is not medically necessary.

Outpatient Urine Toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: The current request is for Outpatient Urine Toxicology. The RFA is dated 05/20/15. Treatments to date include medications and home exercise program. The patient's work status was not addressed. ODG-TWC, Pain chapter under Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The patient had monthly UDS from 04/08/15 through 01/14/15. In this case, the treater does not state that this patient is at high risk for aberrant behavior. There is no discussion as to whether this patient is considered at risk for drug abuse/diversion necessitating such frequent screening. Without a rationale as to why this patient requires more frequent urine drug screening, or a discussion of suspected non-compliance or diversion, the requested urine drug screen cannot be substantiated. The request is not medically necessary.