

Case Number:	CM15-0087244		
Date Assigned:	05/11/2015	Date of Injury:	10/03/2003
Decision Date:	07/01/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/06/2015

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 58-year-old female who sustained an industrial injury on 10/03/2003 when she slipped and fell onto her left side. The injured worker was diagnosed with cervical degenerative disc disease with stenosis and lumbar myofascial pain with intermittent radiculopathy. The injured worker underwent left shoulder arthroscopic surgery (no date documented). Treatment to date according to includes diagnostic testing, shoulder surgery, physical therapy, acupuncture therapy, aqua therapy, pain management, epidural steroid injection and medications. According to the primary treating physician's progress report on April 1, 2015, the injured worker continues to experience low back pain and stiffness with occasional radiation to the lower extremities and neck pain with stiffness. The injured worker rates her pain level at 4/10 with medications and 8/10 without medications. Examination of the lumbar spine demonstrated tenderness in the lower lumbar paravertebral muscles with decreased range of motion and negative straight leg raise bilaterally. Strength in the lower extremities was intact. The cervical spine demonstrated forward flexion chin to chest with decreased extension and lateral rotation. Current medications are listed as Tylenol #3, Voltaren and Prilosec. Treatment plan consists of return appointment evaluation and the current request for medications renewal of Tylenol #3, Voltaren and Prilosec and a urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 quantity 60 with two refills: Upheld

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

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 with low back pain and stiffness as well as neck pain and stiffness. The physician is requesting Tylenol #3 quantity 60 with two refills. The RFA dated 04/13/2015 shows a request for Tylenol #3 300/30 mg one tab b.i.d. quantity 60 with two refills. The patient's current work status was not made available. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. Record show that the patient was prescribed Tylenol 3 prior to 10/01/2014. The treating physician's progress report dated 04/01/2015 notes that the patients pain level without medication is 8/10 and 4/10 with medication use. The patient further notes significant improvement with pain medication use. She has previously signed an opiate contract. Opiate management issues are not fully documented. There are no examples of ADLs, which demonstrates medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There no pain management issues discussed such as a urine drug screen or CURES report. Outcome measures were not provided as required by the MTUS guidelines. In this case, the treating physician has not provided proper documentation as required by the MTUS guidelines for continued opiate use. The request is not medically necessary.

Voltaren 75mg quantity 60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Diclofenac sodium (Voltaren®, Voltaren-XR®).

Decision rationale: The patient presents with low back pain and stiffness as well as neck pain and stiffness. The physician is requesting Voltaren 75 mg quantity 60 with two refills. The RFA dated 04/13/2015 shows a request for Voltaren 75mg BID #60 with 2 refills. The patient's current work status was not made available. ODG Pain chapter, under Diclofenac sodium (Voltaren, Voltaren-XR) has the following: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events

to patients, as did Rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." It goes onto state that there is substantial increase in stroke. Medical records show that the patient was prescribed Voltaren since 2004. Reports do not show why the requesting provider has chosen this particular NSAID with a high-risk profile. ODG does not support this medication unless other NSAIDs have failed, owing to increased risk of cardiovascular or neurovascular events. There is no discussion provided as to the failure of other NSAID medications or a rationale as to why Voltaren is being utilized. Without such discussion, continuation of this medication cannot be substantiated. The request is not medically necessary.

Prilosec 20mg quantity 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: The patient presents with low back pain and stiffness as well as neck pain and stiffness. The physician is requesting Prilosec 20 mg quantity 30 with two refills. The RFA dated 04/13/2015 shows a request for Prilosec 20 mg 1 QD #30 with 2 refills. The patient's current work status was not made available. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "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-. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of records show that the patient was first prescribed Prilosec in 2013. The physician does not provide a rationale for the request. As of 04/01/2015, the patient's current list of medications includes Tylenol, Voltaren, and Prilosec. The patient does not have a history of peptic ulcer disease and GI bleeding or perforation. There is no documentation of concurrent use of ASA or corticosteroid and/or anticoagulant. She is not on high-dose/multiple NSAIDs. The patient does not meet the criteria based on the MTUS guidelines for the use of Prilosec. The request is not medically necessary.

Urine Toxicology Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urinalysis (opiate screening).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with low back pain and stiffness as well as neck pain and stiffness. The physician is requesting urine toxicology screen. The RFA dated 04/13/2015 shows a request for Repeat Urine Drug Toxicology Screening. The patient's current work status was not made available. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The patient has been on opioids since before 10/01/2014. Reports provided did not include any current urine drug screens. The 01/07/2015 report shows a request for UDS and another request was made on 04/01/2015. In this case, it would appear that the patient has received 1 UDS in 2015. While the patient's "risk assessment" was not discussed, the ODG Guidelines recommend once-yearly urine drug screen and a follow-up for a total of 2 per year, and the request is medically necessary.