MAXIMUS Federal Services

Case Number:	CM14-0126534		
Date Assigned:	09/23/2014	Date of Injury:	05/28/2006
Decision Date:	10/22/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61-year-old male who has submitted a claim for lumbar radiculopathy associated with an industrial injury date of May 26, 2006.Medical records from 2014 were reviewed, which showed that the patient complained of pain to the low back, right leg, left thigh and both feet. Examination showed restricted lumbar ROM, tender lumbar paravertebral muscles and spinous processes. Straight leg raising test was positive on both sides. Treatment to date has included surgery, physical therapy, medications (Norco since at least November 2013, Tramadol since at least March 204, and Acetadryl since at least March 2014) and steroid injections. There was 60% improvement in leg pain from a 6/20/2014 LSI. He also had a caudal ESI on 4/18/14 with 70% back and leg pain improvement but has returned to baseline level of pain of 8/10 by 5/12/2014. Utilization review from August 4, 2014 denied the request for Norco 10/325 Quantity 30, Omeprazole 20 MG Quantity 30, Acetadryl 500-25 MG Quantity 50, Tramadol HcL Er 1 MG and Repeat Caudal Epidural Steroid Injection. The request for Norco and tramadol were denied because there was no documentation of symptomatic functional improvement from previous usage, no current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated an signed pain contract between the provider and claimant. The request for omeprazole was modified to #30 pills. The request for Acetadryl was denied because there was no documented medical necessity for the medication. The request for ESI was denied because there was no documentation of positive SLR tests or deficits in dermatomal sensation, reflexes or muscle strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of CHRONIC pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Norco for pain since at least November 2013. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Constipation was present but this was controlled with docusate. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 10/325 quantity 30 is not medically necessary.

Omeprazole 20 MG Quantity 30: 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 and cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, although the patient is on an NSAID, the records provided do not document any GI complaint or evidence that the patient was at intermediate risk for gastrointestinal events. Therefore, the request for Prilosec 20mg QTY: 30 for 6 months is not medically necessary.

Acetadryl 500-25 MG Quantity 50: 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, Insomnia treatment

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. According to the ODG, treatment for insomnia should be based on etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Over the counter medications like sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. In this case, the patient was prescribed Acetadryl (acetaminophen + diphenhydramine) since at least March 2013. The patient had been using this medication for several months. A sleeping problem persisting this long should already prompt an exploration of other causes of insomnia. However, recent progress reports do not mention any sleeping problem. It is unclear why the patient still takes this medication. The medical necessity for acetadryl has not been established. Therefore, the request for Acetadryl 500-25 MG Quantity 50 is not medically necessary.

Tramadol HCL ER 1 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of CHRONIC pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Tramadol for pain since at least March 2014. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Constipation was present but this was controlled with docusate. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Tramadol HCL ER 1 MG is not medically necessary.

Repeat Caudal Epidural Steroid Injecition:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the patient received caudal epidural steroid injection on 4/18/2014. Allegedly, there was >70% pain reduction in the back and leg but on 5/12/2014, 24 days later, a progress note reported recurrent 9/10 pain. The criteria for a repeat ESI were not met. Therefore, the request for Repeat Caudal Epidural Steroid Injecition is not medically necessary.