

Case Number:	CM14-0151139		
Date Assigned:	09/19/2014	Date of Injury:	12/09/2012
Decision Date:	10/23/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/16/2014

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:

Patient is a 42-year-old male who has submitted a claim for brachial neuritis / radiculitis, cervical facet joint syndrome, lumbar sprain, lumbosacral radiculitis, lumbar facet joint hypertrophy, diabetes mellitus, hypertension, hypercholesterolemia, and L5 to S1 radiculopathy associated with the industrial injury date of 12/9/2012. Medical records from 2014 were reviewed. The patient complained of achy neck pain, associated with numbness and tingling sensation. Patient likewise experienced low back pain, aggravated by walking, bending, and squatting. Patient also complained of loss of sleep due to pain, as well as symptoms of depression, anxiety, and irritability. Physical examination of the cervical spine showed decreased/painful range of motion, tenderness, muscle spasm, and positive cervical compression test. Shoulder depression test was positive bilaterally. Sensation was diminished at bilateral upper extremity in patchy distribution. Examination of the lumbar spine showed trigger points and restricted motion. Urine drug screen from 5/2/2014 and 2/12/2014 showed negative level of medications. Treatment to date has included epidural decompression neuroplasty of the lumbosacral nerve roots, medial branch blocks, use of a TENS unit, aquatic therapy, chiropractic care, and medications such as hydrocodone, naproxen, cyclobenzaprine, omeprazole, and alprazolam (since at least May 2014). Utilization review from 8/27/2014 modified the request for medical consultation into one follow-up visit because of no indication in the most recent report indicating a rationale for another consult; denied hydrocodone 10/325 mg, #60 because of no documented reduction of pain scores and functional improvement from medication use; denied cyclobenzaprine 7.5 mg, #90 because long-term use was not recommended; denied omeprazole 20 mg, #60 because of absence of gastrointestinal symptoms; denied alprazolam 1 mg, #60 because long-term use was not recommended; and denied urine toxicology screen because patient had a recent drug screening 3 months previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant 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, patient has been on hydrocodone since at least May 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen from 5/2/2014 and 2/12/2014 showed negative level of medications. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone 10/325 mg #60 is not medically necessary.

Cyclobenzaprine 7.5 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on cyclobenzaprine since at least May 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Although the most recent physical examination showed evidence of muscle spasm, long-term use of muscle relaxant is not recommended. Therefore, the request for Cyclobenzaprine 7.5 mg #90 is not medically necessary.

Omeprazole 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since at least May 2014. However, there is no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient does not meet any of the aforementioned risk factors. The guideline criteria are not met. Therefore, the request for Omeprazole 20 MG #60 is not medically necessary.

Alprazolam 1 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, patient has been on alprazolam since at least May 2014. However, there is no documented functional improvement from medication use. There is likewise no clear rationale for its use. Long-term use of benzodiazepine is likewise not recommended. Therefore, the request for Alprazolam 1 mg #60 is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medication includes hydrocodone, naproxen, cyclobenzaprine, omeprazole, and alprazolam. Urine drug screen from

5/2/2014 and 2/12/2014 showed negative level of medications; there has been no management response concerning this issue. There is no documented aberrant drug behavior to warrant this request. Therefore, the request for urine drug screen is not medically necessary.

Medication Consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient complained of achy neck pain, associated with numbness and tingling sensation. Patient likewise experienced low back pain, aggravated by walking, bending, and squatting. Patient also complained of loss of sleep due to pain, as well as symptoms of depression, anxiety, and irritability. Physical examination of the cervical spine showed decreased/painful range of motion, tenderness, muscle spasm, and positive cervical compression test. Shoulder depression test was positive bilaterally. Sensation was diminished at bilateral upper extremity in patchy distribution. Examination of the lumbar spine showed trigger points and restricted motion. Patient was recommended to undergo aqua therapy. Medications were likewise refilled. Frequent monitoring of patient's response to current treatment regimen is paramount in managing chronic pain conditions. However, both a chiropractor and a pain management specialist are seeing patient. The present request as submitted failed to indicate to whom the patient will follow up. The request is incomplete; therefore, the request for medical consultation is not medically necessary.