

Case Number:	CM14-0160912		
Date Assigned:	10/06/2014	Date of Injury:	03/03/2003
Decision Date:	11/03/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/30/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 48-year-old female who reported an injury on 03/03/2003; the mechanism of injury was not provided. On 08/21/2014, the injured worker presented with persistent pain in the neck and low back. Current medications included Norco and Elavil. Upon examination of the cervical spine, there was improvement in range of motion with slight tenderness to the suboccipital region. There was decreased sensation of 4+/5 bilaterally at the C5, C6, C7, and C8. Examination of the lumbar spine revealed decreased range of motion and tenderness over the paraspinals. Positive right sided Kemp's sign and decreased strength and sensation to the right L4. Diagnoses were cervical musculoligamentous sprain/strain, lumbar spine herniated nucleus pulposus with evidence of radiculopathy in the lower extremities, metatarsalgia, constipation secondary to medication usage, insomnia, anxiety, depression, and gastritis secondary to anti-inflammatories. The provider recommended Prilosec, Norco, Motrin, Elavin, and a urine drug screen. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Prilosec (Omeprazole) 20mg #60 with 0 refills on 8/21/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms and Cardiovascular risk Page(s): 68.

Decision rationale: The request for Retrospective request for Prilosec (Omeprazole) 20 mg #60 with 0 refills on 8/21/14 is not medically necessary. According to California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy for those taking NSAID medications that are moderate to high risk for gastrointestinal events. The injured worker was noted to have GI issues due to prolonged use of NSAIDs. There were, however, no signs and symptoms of GI issues noted in the physical examination. The efficacy of the prior use of the medication was also not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Retrospective request for Norco (Hydrocodone) 10/325 mg #60 with 0 refills on 8/21/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Retrospective request for Norco (Hydrocodone) 10/325 mg #60 with 0 refills on 8/21/14 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse, behaviors, and side effects. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Retrospective request for Motrin (Ibuprofen) 800 mg #60 with 0 refills on 8/21/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for Retrospective request for Motrin (Ibuprofen) 800 mg #60 with 0 refills on 8/21/14 is not medically necessary. The California MTUS Guidelines state that all NSAIDs are associated with risk of cardiovascular events, including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the short duration of time consistent with individual treatment goals. There is lack of evidence in the medical records provided of a complete and adequate pain

assessment and the efficacy of the prior use of the medication. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Retrospective request for Elavin (Amitriptyline) 25 mg #30 with 0 refills on 8/21/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: The request for Retrospective request for Elavin (Amitriptyline) 25 mg #30 with 0 refills on 8/21/14 is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medications, and sleep quality and duration. Side effects included excessive sedation especially that, which would affect work performance, should be assessed. The optimum duration of treatment is not known because multiple blind trials have been of short duration between 6 to 12 weeks. There is lack of evidence of an objective assessment of the injured worker's pain level. The frequency of the medication was also not submitted. As such, medical necessity has not been established.

Retrospective request for urine toxicology screen on 8/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for Retrospective request for urine toxicology screen on 8/21/14 is not medically necessary. The California MTUS Guidelines recommend urine drug testing as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or that the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. There is also no evidence of opioid use. As such, medical necessity has not been established.