

Case Number:	CM14-0178936		
Date Assigned:	11/03/2014	Date of Injury:	10/23/1988
Decision Date:	12/09/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/28/2014

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, has a subspecialty in Interventional Spine 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 67 year old female with an injury date on 10/23/1988. Based on the 09/29/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical radiculopathy2. Chronic pain other3. Lumbar radiculopathy4. Fibromyalgia5. Depression6. Medication related dyspepsia7. TMJAccording to this report, the patient complains of neck pain that radiates to the bilateral upper extremities down to the hands and fingers. The patient also complains of low back pain that radiates to the lower left extremity and ongoing temporal headaches. Pain is accompanied by frequent muscle weakness and is aggravated by activity, flexion/extension, walking, and repetitive bend motions. Pain is rated as 7/10 in intensity with medications, 10/10 without medications. "The patient's pain is reported as improved since her last visit." Physical exam reveals tenderness at the cervical and lumbar paravertebral muscles. Cervical and lumbar range of motion is moderately decreased due to pain. Motor exam shows decreased strength of the extensor muscles along the L4-S1 dermatome, bilaterally. Straight leg raise is positive on the left. There were no other significant findings noted on this report. The utilization review denied the request on 10/20/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/22/2014 to 09/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the 09/29/2014 report by [REDACTED] this patient presents with neck pain, low back pain that radiates into the extremities and ongoing temporal headaches. The provider is requesting 8 sessions of physical therapy. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of reports show that "the patient has completed 4 weeks of physical therapy and reports improved pain control and functional improvement; "unknown number of sessions completed. In this case, given that the patient has had completed 4 weeks of therapy recently, the requested 8 additional sessions exceed what is allowed per MTUS. MTUS recommends transitioning into home program. Therefore, this request is not medically necessary.

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Screening for Risk of Addiction (Tests).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing

Decision rationale: According to the 09/29/2014 report by [REDACTED] this patient presents with neck pain, low back that radiates into the extremities and ongoing temporal headaches. The provider is requesting Urine drug screen. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records indicate the patient is currently on Hydrocodone (a narcotic-like pain reliever). Review of the reports show a recent UDS was done on 04/28/2014. There were no discussions regarding the patient adverse behavior with opiates use. Given the patient's current opiate use, UDS's once or twice per year on a random basis is supported by ODG guidelines. Therefore, this request is medically necessary.

Hydrocodone 5/325 MG Half to One Tablet by Mouth Every Hour: 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, Opioids Page(s): 60-61, 88-89, 76-78.

Decision rationale: According to the 09/29/2014 report by [REDACTED] this patient presents with neck pain, low back that radiates into the extremities and ongoing temporal headaches. The provider is requesting Hydrocodone 15/325mg half to one tablet by mouth every hour. Hydrocodone was first mentioned in the 03/31/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines 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 4As (analgesia, ADLs, adverse side effects, and aberrant 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. Per treating physician, "The patient reports activity of daily living limitations in the following area; self-care & hygiene, activity, ambulation, hand function and sleep." "The use of current medication is helpful;" the patient is "able to attend church, brushing teeth, combing/washing hair, doing hobbies, dressing, driving and shopping." Review of report shows documentation of analgesia with pain going from 10/10 to 7/10. ADL's are discussed as above. UDS was obtained. Other than these, the documentation lack discussion regarding side effects, other opiates management issues such as CURES, behavioral issues. Outcomes measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. Other than the statement that medications are "helpful," there are no meaningful measures showing "significant" improvement as required by MTUS. Change in work status, or return to work attributed to use of Hydrocodone were not discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, this request is not medically necessary.

Naproxen 550 MG 1 Tablet by Mouth 2 Times a Day #60 with 1 Refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Anti-inflammatory Medications Page(s): 60-61, 22.

Decision rationale: According to the 09/29/2014 report by [REDACTED] this patient presents with neck pain, low back that radiates into the extremities and ongoing temporal headaches. The provider is requesting Naproxen 550mg 1 tablet by mouth 2 times a day #60 with 1 refill. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "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. "Review of reports show that "current medication is helpful." The requested Naproxen appears reasonable and consistent with MTUS guidelines. Therefore, this request is medically necessary.

Pantoprazole Delayed Release 20 MG by Mouth Every Day #30 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: According to the 09/29/2014 report by [REDACTED] this patient presents with neck pain, low back that radiates into the extremities and ongoing temporal headaches. The provider is requesting Pantoprazole DR (delayed release) 20mg by mouth every day #30 with 1 refill. Pantoprazole was first mentioned in the 03/31/14 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines state Pantoprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of reports show that the patient is taking Naproxen and has "gastrointestinal upset" with medication use. However, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the provider does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, this request is not medically necessary.