MAXIMUS Federal Services

Case Number:	CM14-0024248		
Date Assigned:	05/07/2014	Date of Injury:	12/10/2002
Decision Date:	08/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/21/2014

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 Texas. 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 40-year-old male who reported an injury on 12/10/2002 secondary to pushing a piece of equipment. His diagnoses include lumbago, radiculopathy, and depression. The clinical notes submitted for review indicate that the injured worker has been treated previously with physical therapy, chiropractic therapy, acupuncture, and medications. According to a clinical note dated 10/29/2013, the most recent urine drug screen collected in 10/2013 displayed positive results for Tramadol and negative results for opiates. It was noted that this was inconsistent with the prescription for Vicodin. The injured worker reported that he ran out of his medication early. It was also noted that the injured worker was treated with a lumbar epidural several years ago and reported that the epidural was successful at controlling his radicular pains by at least 70%. The injured worker was evaluated on 01/21/2014 and reported 8/10 low back pain with constant sharp pain in the left lower extremity and intermittent pain in the right lower extremity in an L5 distribution. On physical examination, the injured worker was noted to have a positive straight leg raise bilaterally with normal sensation, strength, and reflexes. The injured worker reported that medications were the biggest alleviating factor for the back and lower extremity radicular pain. Medications at that time were noted to include Norco 7.5/325 mg every 6 hours as needed, Vicodin ES 7.5/750 mg every 6 hours, Cymbalta 60 mg once daily, Omeprazole 40 mg once daily, Tramadol 50 mg 3 times daily as needed, Ambien 10 mg at bedtime as needed, naproxen 500 mg daily as needed, and Gabapentin 600 mg 3 times daily. It was noted that the injured worker had used these medications since at least 10/15/2013. The injured worker was recommended for a urine drug screen, continued medications, and a bilateral L5-S1 transforaminal epidural steroid injection. A request was submitted for Vicodin extra strength 7.5/750 mg #120, Omeprazole 40 mg #30, a transforaminal epidural steroid injection to the bilateral L5-S1, Tramadol 50 mg #90, Ambien 10 mg #15, Naproxen 550 mg #30, and a

urine drug screen. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN EXTRA STRENGTH 7.5/750 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

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

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid use. It was noted that the injured worker used Vicodin since at least 10/15/2013. According to the clinical note dated 01/21/2014, the injured worker reported 8/10 pain and stated that medications were the biggest alleviating factor for the back and lower extremity radicular pain. There is a lack of documentation evidence to indicate quantifiable pain relief and objective functional improvement with the injured worker's use of Vicodin. Furthermore, the guidelines recommend periodic urine drug screens to monitor for the occurrence of any potential aberrant drug related behaviors. According to the medical records submitted for review, the most recent urine drug screen collected in 10/2013 was inconsistent with the use of Vicodin. The injured worker reported at that time that he ran out of his medication early. This documentation indicates misuse of Vicodin and potential non-adherent behavior. In consideration of potential inappropriate medication use and the absence of quantified pain relief and objective functional improvement, continued use of Vicodin is not warranted by the evidence-based guidelines. As such, the request for Vicodin extra strength 7.5/750 mg #120 is not medically necessary.

OMEPRAZOLE 40 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The California MTUS Guidelines do not recommend prophylactic use of a proton pump inhibitor unless an injured worker is at high risk for gastrointestinal events. These risk factors include age over 65 years and history of peptic ulcer, GI bleeding, or perforation. There is a lack of documented evidence to indicate that the injured worker has a history of peptic ulcer, GI bleeding, or perforation. There are no exceptional factors documented to indicate that the injured worker is at high risk for gastrointestinal events. Therefore, prophylactic use of a proton pump inhibitor such as Omeprazole is not supported by evidence based guidelines.

Additionally, the request for naproxen has been non-certified at this time. Therefore, the necessity of Omeprazole has not been established. In the absence of significant risk factors for gastrointestinal events, the request for Omeprazole 40 mg #30 is not medically necessary.

TRANSFORAMINAL EPIDURAL STEROID INJECTION TO BILATERAL L5-S1: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. These guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker reported bilateral lower extremity pain in an L5 distribution. On physical examination, he was noted to have a positive straight leg raise bilaterally with intact sensation, normal strength, and normal reflexes. The documented objective findings failed to support subjective reports of radiculopathy. Additionally, the medical records submitted for review failed to provide an imaging study to corroborate the diagnosis of radiculopathy or to indicate radicular spinal pathology. Furthermore, the guidelines state that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% of pain relief with associated reduction of medication use for 6 to 8 weeks. It was noted that the injured worker underwent a lumbar epidural steroid injection several years ago, and he reported that it was successful at controlling his radicular pain by at least 70%. There is a lack of documented evidence to indicate the duration of pain relief with previous epidural steroid injections, and there is a lack of documentation of associated reduction of medication use for 6 to 8 weeks. Additionally, the medical records failed to indicate the levels for which the injured worker received previous epidural steroid injections. Therefore, it is unclear whether the requested epidural steroid injection at L5-S1 is an initial injection or a repeat injection. In the absence of physical exam findings and imaging studies to corroborate subjective reports of radiculopathy, and in the absence of detailed documentation regarding previous epidural steroid injections, a transforaminal epidural steroid injection to the bilateral L5-S1 is not warranted at this time. As such, the request for transforaminal epidural steroid injection to bilateral L5-S1 is not medically necessary.

TRAMADOL 50 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84.

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

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid use. It was noted that the injured worker has used Tramadol since at least 10/15/2013. According to the clinical note on 01/21/2014, the injured worker reported 8/10 pain and stated that medications were the biggest alleviating factor for the back and lower extremity radicular pain. There is a lack of documented evidence to indicate quantified pain relief and objective functional improvement with the injured worker's use of Tramadol. Therefore, there is insufficient evidence to indicate that the injured worker would benefit from continued use of Tramadol. As such, the request for Tramadol 50 mg #90 is not medically necessary.

AMBIEN 10 MG #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Zolpidem (Ambienï¿½).

Decision rationale: The Official Disability Guidelines recommend Ambien for short-term use, usually no longer than 2 to 6 weeks for the treatment of insomnia. These guidelines do not recommend sleeping pills for long-term use as they can be habit forming and may impair function and memory. It was noted that the injured worker has used Ambien since at least 10/15/2013, which is excessive according to the evidence based guidelines for treatment duration. There are no exceptional factors documented to indicate significant functional improvement with the use of Ambien or to warrant long-term use of Ambien. As such, the request for Ambien 10 mg #15 is not medically necessary.

NAPROXEN 550 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-70.

Decision rationale: The injured worker reported chronic low back pain with bilateral lower extremity radiculopathy. He was noted to have constant pain in the left lower extremity and intermittent pain in the right lower extremity in an L5 distribution. The injured worker reported that medications were the biggest alleviating factor for the back and lower extremity radicular pain. The California MTUS Guidelines state that there is inconsistent evidence for the use of NSAIDs to treat neuropathic pain. Additionally, these guidelines recommend that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the

individual patient treatment goals. It was noted that the injured worker has used naproxen since at least 10/15/2013 which may be excessive according to evidence based guidelines for treatment duration. There is a lack of documented evidence to indicate quantifiable pain relief and objective functional improvement with the use of naproxen. Therefore, it cannot be determined that the reported medication efficacy of naproxen is consistent with achievement of individual patient treatment goals. As such, the request for naproxen 550 mg #30 is not medically necessary.

1 URINE DRUG SCREEN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing (UDT).

Decision rationale: The injured worker's current medications were noted to include Vicodin and Tramadol. The medical records submitted for review indicate that the injured worker has used opioids since at least 10/15/2013. The medical records also indicate that a urine drug screen collected in 10/2013 was inconsistent with the use of Vicodin and that the injured worker reported that he ran out of medications early. The injured worker was also noted to have a history of depression for which he takes Cymbalta. The California MTUS Guidelines recommend ongoing review of appropriate medication use to monitor for potentially aberrant drug related behavior. More specifically, the Official Disability Guidelines recommend urine drug screening as often as once per month for injured workers at high risk for aberrant behavior and 2 to 3 times a year for injured workers at moderate risk for aberrant behavior. The guidelines state that high risk factors include comorbid psychiatric disorder (such as depression) and a history of aberrant behavior. Given the injured worker's noted history of depression and an inconsistent urine drug screen collected in 10/2013, there is sufficient evidence to indicate that the injured worker is a high risk for aberrant behavior. Therefore, the necessity of a urine drug screen collected in 01/2014 has been established. As such, the request for 1 urine drug screen is medically necessary.