

Case Number:	CM14-0203966		
Date Assigned:	12/16/2014	Date of Injury:	03/23/2012
Decision Date:	02/03/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/05/2014

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 Emergency Medicine 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:

This 34 year old man sustained an industrial injury on 3/23/2012 resulting in left arm fracture with shoulders and back injury. The mechanism of injury is not detailed. Current diagnoses include psychological insomnia, low back pain with small disc bulge at L5-S1, lumbar spondylosis, shoulder bursitis, and small rotator cuff tear to the left shoulder. Treatment has included oral medication. The worker declined surgery. Physician notes dated 10/7/2014 show complaints of pain and discomfort to his low back and shoulder rated 8/10 along with fatigue, fever, chills, weakness, and trouble sleeping. The physical exam shows tenderness to the bilateral lateral deltoids and biceps tendon with pain to the acromioclavicular joint, range of motion is mildly decreased. Tenderness is also noted over the lumbar paraspinal musculature, muscle spasms are noted, and range of motion is decreased. Recommendations include the medications in dispute and follow up as needed. It is noted that the worker continues to refuse surgical intervention and may require injections in the future. The worker is currently not working and his status is determined to be permanent and stationary. Patient had returned to treating physician for medication refills. Patient had not been seen since 2/5/14 but is documented to be taking Tramadol, Omeprazole and Naproxen. There is no documentation as to where patient is getting these medications. On 10/31/2014, Utilization Review evaluated prescriptions for Norco 10/325 mg #90 with two refills, Ultram 50 mg #60 with two refills, Prilosec 20 mg #60 with two refills, and Voltaren cream 100 mg with two refills. The UR physician noted that the worker has no documented treatment after a physician appointment on 2/5/2014 and an AME evaluation on 3/24/2014, and returned to the provider on 10/7/2014 for evaluation and medication. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP Page(s): 72, 82-88, 91, 118-120. Decision based on Non-MTUS Citation ODG formulary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has completely failed to document a single required component as per MTUS guidelines. There is no documentation of CURES review, assessment for abuse or side effects. There is not a single documented pain improvement assessment, assessment for abuse or side effects or documentation of improvement. There is no documentation as to why patient needed addition of norco(documentation seems to suggest that patient is also chronically on Norco despite not being listed as a current medication) since patient has not required any treatment in months but just showed up for refills of his medications. The provider has failed to document where the patient got his medications from. The number of refills is not appropriate does not meet MTUS guideline requirement for close monitoring of chronic opioid therapy. Norco is also schedule 2 narcotic and cannot be refilled. Norco prescription is not medically appropriate or necessary.

Ultram 50mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Tramadol/Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to be on Tramadol chronically. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. The number of tablets is not appropriate and does not meet requirement for monitoring. Documentation fails MTUS guidelines for chronic opioid use. Ultram is not medically necessary.

Prilosec 20mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Determine if patient is at risk for gastrointestinal events Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. Patient is chronically on Naproxen which is not being reviewed or prescribed. There are dyspepsia complaints. Patient has dyspepsia complaints of heartburn. Chronic use of naproxen, if reviewed, would not have been recommend and should be discontinued. While short term Prilosec prescription with plan for discontinuation of NSAID may be been appropriate, the multiple refills of this prescription are not appropriate. Prilosec/Omeprazole is not medically necessary.

Voltaren cream 100mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 117-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per MTUS Chronic Pain Guidelines topical analgesics such as Diclofenac topical have poor evidence to support its use but may have some benefit in musculoskeletal pain. Diclofenac is has evidence for its use in in joints that lend itself for treatment such as hands, wrists knees, elbows, ankles etc. but has no evidence to support its use for the shoulder, spine or hip. Patient's pain is mostly shoulder and therefore is not medically necessary.