

Case Number:	CM14-0214163		
Date Assigned:	01/07/2015	Date of Injury:	03/19/2014
Decision Date:	02/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male with an injury date on 03/19/2014. Based on the 11/03/2014 progress report provided by the treating physician, the diagnoses are: 1. Cervical Radiculopathy 2. Lumbar Radiculopathy 3. Shoulder tend/Burs 4. Elbow Sprain/Strain. According to this report, the patient complains of "continued chronic neck and lower back pain" with radiation into the right upper and lower extremities with numbness and weakness. The patient also complains of right-side shoulder pain with decreased range of motion and weakness. The symptoms interfere with lifting, pushing, and pulling objects as well as overhead activities. On examination, spasm and tenderness are noted at the paravertebral musculatures of the cervical and lumbar with decreased range of motion. Decreased sensation is noted over the right C6 and L5 dermatomes. Impingement test and Hawkin's test are positive on the right. The treatment plan is to request medications with 5 refills. The 10/06/2014 report indicates there is a decreased sensation noted over the right C5, C6 and bilateral S1 dermatomes. Per 09/05/2014 report, the patient has a history of gastro esophageal reflux disease; it "has been described as exacerbated with the medications prescribed for the industrial injury." The patient's work status is modified work with restriction of no lifting over 20 lbs; avoid heavy pushing & pulling over 20 lbs. There were no other significant findings noted on this report. The utilization review denied the request for (1) Ultram ER #60 with 5 Refills, (2) Prilosec #60 with 5 Refills, (3) Relafen #60 with 5 Refills, and (4) Neurontin #90 with 5 Refills on 11/19/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 05/02/2014 to 12/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 MG #60 with 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, and criteria for use of opioids Page(s): 60,61,88, 89, 76-78.

Decision rationale: According to the 11/03/2014 report, this patient presents with "continued chronic neck and lower back pain" with radiation into the right upper and lower extremities with numbness and weakness. The current request is for Ultram ER 150 MG #60 with 5 Refills. This medication was first mentioned in the 06/02/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, the MTUS Chronic Pain 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." The MTUS Chronic Pain Guidelines page 78 also requires documentation of the 4A's (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. In this case, the documentation provided by the treating physician does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's is discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request is not medically necessary.

Prilosec 20 MG #60 with 5 Refills: Upheld

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

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

Decision rationale: According to the 11/03/2014 report, this patient presents with "continued chronic neck and lower back pain" with radiation into the right upper and lower extremities with numbness and weakness. The current request is for Prilosec 20 MG #60 with 5 Refills "for gastritis and stomach protection." This medication was first mentioned in the 06/02/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Chronic Pain Guidelines page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors.

Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." The MTUS Chronic Pain Guidelines further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient is currently on Relafen (a NSAID) and has a history of gastro esophageal reflux disease. With medication, "there has been a reduction of acid secretion, reduction in reflux, and reduction in dyspepsia." However, the treating physician provided no discussion regarding GI assessment as required by the MTUS Chronic Pain Guidelines. The patient is not over 65 years old; no other risk factors are present. The MTUS Chronic Pain Guidelines does not recommend routine use of GI prophylaxis without documentation of GI risk. Therefore, the request is not medically necessary.

Relafen 750 MG #60 with 5 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Anti-inflammatory medications. Non-steroidal anti-inflammatory d.

Decision rationale: According to the 11/03/2014 report, this patient presents with "continued chronic neck and lower back pain" with radiation into the right upper and lower extremities with numbness and weakness. The current request is for Relafen 750 MG #60 with 5 Refills. The MTUS Chronic Pain Guidelines page 22 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 the patient has been prescribed Relafen since 06/02/14 and it is unknown exactly when the patient initially started taking this medication. The treater indicates that this medication provided "an analgesic effect of at least 30%, and allows performance of activities of daily living." In this case, given that the patient's chronic pain and the treating physician documented the efficacy of the medication as required by the MTUS Chronic Pain Guidelines. This current request is medically necessary.

Neurontin 300 MG #90 with 5 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin). Page(s): 18, 19 and 49.

Decision rationale: According to the 11/03/2014 report, this patient presents with "continued chronic neck and lower back pain" with radiation into the right upper and lower extremities with numbness and weakness. The current request is for Neurontin 300 MG #90 with 5 Refills. This medication was first mentioned in this report. Regarding Anti-epileptic (AKA anti-convulsants)

drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of the provided reports indicates that the patient has neuropathic pain. The ODG supports the use of anti-convulsants for neuropathic pain. In this case, given that the patient's chronic pain and the treating physician documented the efficacy of the medication as required by the MTUS Chronic Pain Guidelines. This current request is medically necessary.