

Case Number:	CM14-0219131		
Date Assigned:	01/09/2015	Date of Injury:	09/16/1995
Decision Date:	03/11/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/31/2014

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:

This 45 year old male was injured on 9/16/95, when he was hit by a train and dragged 30 feet, sustaining injury to his bilateral lower extremities, bilateral upper extremities, left shoulder and jaw. He underwent a left lower extremity below the knee amputation. He had significant problems with the amputation site requiring multiple surgical revisions. In 2000 he was declared permanent and stationary. He developed low back pain and MRI revealed bulging disc. He was seen by a pain specialist, was given a transcutaneous nerve stimulator (TENS) unit and a back brace. He received trigger point injections with good relief. In 2007 he underwent intra-articular facet dorsal ramus median branch nerve block at right and left at L4-5, right L5-S1. His primary treating physician ordered a detoxification program because of twelve year narcotic use. He had multiple radiographs and MRI's of areas involved; has undergone several lumbar facet rhizotomies which provided excellent pain relief; lumbar facet rhizotomies; has seen pain specialist, orthopedic specialist and audiologist. Currently the injured worker continues to complain of lower back pain, right knee and shoulder pain and hearing loss. His current medications include Oxycontin, Norco, Anaprox, FexMid, Prilosec, Neurontin, Lexapro, Fiorinal, Ambien, Colace and Lidoderm patch. His ongoing pain has required escalating doses of pain medication in order for him to maintain activities of daily living. Intrathecal delivery system is being considered. Diagnoses include lumbar spine strain/ sprain syndrome; lumbar facet arthropathy, left lower extremity radiculopathy; left below knee amputation; post-traumatic stress disorder; right rotator cuff tear, status post arthroscopic repair, right knee internal derangement, status post arthroscopic surgery X2, with posterior cruciate ligament tear;

temporomandibular joint dysfunction; tinnitus with decreasing hearing; medication induced gastritis. On 12/22/14 Utilization Review non-certified the request for Norco 10/325 mg #90 and Ultracet 37.5/ 325 mg #45 based on clinical information that the injured workers activities of daily living have changed significantly with the present analgesic regime and the facet rhizotomies and will be undergoing a weaning process due to improved pain level. The request was modified for weaning, noting MTUS Chronic Pain. The Prilosec 20 mg #60 was non-certified based on no clear indication of need or evidence of MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

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

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

Decision rationale: The patient is a 45 year old male with an injury date of 09/16/95. The patient presents on 12/04/14 s/p successful intrathecal morphine pump trial 10/23/14 and Lumbar facet RFA on 12/04/14, s/p arthroscopy right rotator cuff on 05/01/09, s/p right knee arthroscopy x 2, and s/p left knee below amputation 1996 with 2 revisions. The current request is for PRILOSEC 20 mg #60. The RFA is not included. The reports do not state if the patient is working. MTUS pg. 69 states "NSAIDs, GI symptoms and cardiovascular risk,.: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age >65, concurrent use of oral anticoagulation, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc. The reports provided show the patient has been prescribed this medication since at least 07/06/14. The treater states that the patient requires this medication as he develops medication induced gastritis symptoms. The reports show that the patient is prescribed an NSAID Anaprox. However, the treater does not discuss whether medication induced symptoms are from NSAIDS, there is no GI assessment provided, and there is no documentation of pain an function as required by guidelines. In this case, the request IS NOT medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient is a 45 year old male with an injury date of 09/16/95. The patient's presents on 12/04/14 s/p successful intrathecal morphine pump trial 10/23/14 and

Lumbar facet RFA on 12/04/14, s/p arthroscopy right rotator cuff on 05/01/09, s/p right knee arthroscopy x 2, and s/p left knee below amputation 1996 with 2 revisions. The current request is for NORCO 10/325 MG #120 ---Hydrocodone, an opioid. The RFA is not included. The utilization review modified this request from #120 to #90 for weaning purposes. The reports do not state if the patient is working. 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 adverse 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. The reports provided show the patient has been prescribed this medication since at least 06/12/14. The 06/12/14 report states the patient's debilitating lumbar spine pain with radicular symptoms along with right shoulder and right knee pain has required escalating doses of pain medication that includes Norco. The treater states medications have enabled him to function on a daily basis; however, current medications have lost some of their effectiveness. The 12/04/14 report states a successful trial of a morphine pump allowed the patient to reduce use of this medication by at least 50%. In this case, pain is routinely assessed through the use of pain scales. Pain is rated 7-8/10 in reports from 06/12/14 to 12/04/14. However, the MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. No specific ADL's are mentioned to show a change with use of this medication. Opiate management issues are not fully discussed. Side effects are discussed including cognitive dysfunction, constipation and sleep difficulty. However, no urine toxicology reports are documented or provided for review. There is no mention of CURES. No outcome measure are provided. In this case, the 4A's are not sufficiently documented to support long-term opioid use as required by MTUS. The request IS NOT medically necessary.

Ultracet 37.5/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient is a 45 year old male with an injury date of 09/16/95. The patient's presents on 12/04/14 s/p successful intrathecal morphine pump trial 10/23/14 and Lumbar facet RFA on 12/04/14, s/p arthroscopy right rotator cuff on 05/01/09, s/p right knee arthroscopy x 2, and s/p left knee below amputation 1996 with 2 revisions. The current request is for ULTRACET 37.5/325 mg #45 Tramadol, an opioid analgesic. The RFA is not included. The utilization review modified this request from #90 to #45. It appears this request is for the difference of #45. The reports do not state if the patient is working. 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 adverse 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 The reports provided indicate the patient started this medication 12/04/14. The 06/12/14 report states the patient's debilitating lumbar spine pain with radicular symptoms along with right shoulder and right knee pain has required escalating doses of pain medication that includes opioids Norco and OxyContin. The treater states medications have enabled him to function on a daily basis; however, current medications have lost some of their effectiveness. The 12/04/14 report states a successful trial of a morphine pump allowed the patient to reduce use of this medication by at least 50%. Pain is routinely assessed through the use of pain scales. Pain is rated 7-8/10 in report from 06/12/14 to 12/04/14. However, the MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. No specific ADL's are mentioned to show a change with use of this medication. Opiate management issues are not fully discussed. Side effects are discussed including cognitive dysfunction, constipation and sleep difficulty. However, no urine toxicology reports are documented or provided for review. There is no mention of CURES. No outcome measure are provided. In this case, the 4A's are not sufficiently documented to support long-term opioid use as required by MTUS. The request IS NOT medically necessary.