

Case Number:	CM14-0075953		
Date Assigned:	07/16/2014	Date of Injury:	12/04/2003
Decision Date:	06/30/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/23/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 61 year old female patient with an industrial injury dated 12/04/2003. Her diagnoses included cervical facet arthropathy, status post fusion cervical 5-7 and chronic pain. She sustained the injury while moving a pneumatic staple gun. Per the AME note dated 5/1/2015, she had complaints of neck pain with radiation to bilateral shoulders and arms, lower back pain with radiation to the right leg, headache; feeling of depressed, tearful, hopeless on a daily basis, sleep disturbances. The mental status examination revealed depressed mood. She presents on 01/06/2015 for follow up regarding neck, mid and low back pain which had worsened since her last visit. She rated her pain as a 7/10 on the pain scale. She also complained of difficulty sleeping causing her to feel depressed and irritable. Physical exam revealed decreased flexion and extension of cervical spine. Sensation was intact to light touch in both upper limbs. The medications list includes norco, levothyroxin, promolaxin, docuprene, prilosec, cymbalta and topical analgesic cream. She has undergone multiple surgeries including cervical fusion on 2/14/2005 and bilateral wrists, elbows and shoulders surgeries. She has had physical therapy and recently 3 psyche therapy for this injury. Treatment plan included psyche treatment and medications to include Omeprazole, Hydrocodone APAP and Docuprene.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

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

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

Decision rationale: Request- Omeprazole 20mg #60. Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events." Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when (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). There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Omeprazole 20mg #60 is not established for this patient.

Hydrocodone/APAP 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page 76-80.

Decision rationale: Request- Hydrocodone/APAP 10/325mg #90. Hydrocodone is an opioid analgesic. According to the cited guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of

opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydrocodone/APAP 10/325mg #90 is not established for this patient.

Docuprene 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic treatment of constipation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Opioid-induced constipation treatment and Other Medical Treatment Guidelines Thompson Micromedex FDA labeled indication for Docusate sodium.

Decision rationale: Request- Docuprene 100mg #60. Docuprene contains Docusate sodium. According to the Thompson Micromedex FDA labeled indication for Docusate includes constipation care. The medications list includes opioid-norco which may cause constipation. However a detailed history regarding constipation is not specified in the records provided. A detailed abdominal examination is not specified in the records provided. Other measures for treatment of constipation is not specified in the records provided. In addition, the medical necessity of norco was established, therefore the medical necessity of docusate is also not established. The medical necessity of Docuprene 100mg #60 is not fully established for this patient.

8 psyche treatments: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 23 Behavioral interventions.

Decision rationale: Request: 8 psyche treatments. Per the CA MTUS Chronic pain medical treatment guidelines, "Initial therapy "...should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). She has undergone multiple surgeries including cervical fusion on 2/14/2005 and bilateral wrists, elbows and shoulders surgeries. Per the AME note dated 5/1/2015, she had complaints of neck pain with radiation to bilateral shoulders and arms, lower back pain with radiation to the right leg, headache; feeling depressed, tearful, hopeless on a daily basis, sleep disturbances. The mental status examination revealed depressed mood. Patient is on antidepressant- Cymbalta with improvement. She has recent 3 psyche therapy visits since November 2014. Additional psyche treatment is medically appropriate to monitor medicine effect and counseling for her psychiatric symptoms. Therefore 8 psyche treatments are medically appropriate and necessary for this patient to manage her psychological symptoms secondary to chronic pain.