

Case Number:	CM14-0081580		
Date Assigned:	08/08/2014	Date of Injury:	04/22/1999
Decision Date:	09/23/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/02/2014

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 injured worker is a 63 year old female, who sustained an industrial injury on April 22, 1999. The initial symptoms reported by the injured worker are unknown. Notes stated that she had a lumbar disk injury. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included diagnostic studies and steroid injection. The most current medical record under review was dated June 10, 2013. The injured worker was noted to have low back and lower extremity radicular pain. A prior steroid injection was noted to provide moderate relief of her symptoms. A repeat steroid injection was performed on June 10, 2013. Findings included good pain relief following injection. On May 5, 2014, Utilization Review non-certified the request for Voltaren 75mg, Medrol Dose Pack, Oxycontin 10mg, Prilosec 20mg citing California MTUS Guidelines and Official Disability Guidelines. A request for Norco 10mg was modified to Norco 10mg #60, citing California MTUS Guidelines. A request for Soma 350mg was modified to Soma 350mg #20, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg twice daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 04/22/99 and presents with low back pain which radiates to the legs. The request is for OXYCONTIN 10 MG TWICE DAILY. There is no RFA provided and the patient's work status is not provided. There is no indication of when the patient began taking this medication. There is only one treatment report provided from 06/10/13, which does not mention this medication. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids-Therapeutic Trial of Opioids, 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. MTUS Guidelines, under Opioids for Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The patient diagnosed with lumbar radiculopathy, lumbar sprain, lumbar HNP, right shoulder pain and status post left shoulder surgery. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs, which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The request IS NOT medically necessary.

Norco 10mg #60 twice daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 04/22/99 and presents with low back pain which radiates to the legs. The request is for NORCO 10 MG #60 TWICE DAILY. There is no RFA provided and the patient's work status is not provided. There is no indication of when the patient

began taking this medication. There is only one treatment report provided from 06/10/13 which does not mention this medication. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids-Therapeutic Trial of Opioids, 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. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The patient diagnosed with lumbar radiculopathy, lumbar sprain, lumbar HNP, right shoulder pain and status post left shoulder surgery. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The request IS NOT medically necessary.

Prilosec 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 60 and 69.

Decision rationale: The patient was injured on 04/22/99 and presents with low back pain which radiates to the legs. The request is for PRILOSEC 20 MG. There is no RFA provided and the patient's work status is not provided. There is no indication of when the patient began taking this medication. There is only one treatment report provided from 06/10/13 which does not mention this medication. MTUS Guidelines, NSAIDs, page 60 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient diagnosed with lumbar radiculopathy, lumbar sprain, lumbar HNP, right shoulder pain and status post left shoulder surgery. The 06/10/13 report does not provide a list of

medications that the patient is taking. In this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Prilosec IS NOT medically necessary.

Voltaren 75mg twice daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: The patient was injured on 04/22/99 and presents with low back pain which radiates to the legs. The request is for VOLTAREN 75 MG TWICE DAILY. There is no RFA provided and the patient's work status is not provided. There is no indication of when the patient began taking this medication. There is only one treatment report provided from 06/10/13 which does not mention this medication. MTUS Guidelines, Anti-Inflammatory Medications, page 22 states that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. For medication use in chronic pain, MTUS page 60 also requires documentation of the pain assessment and function as related to the medication use. Specific to Voltaren, ODG Guidelines, Pain Chapter, under Diclofenac Sodium states, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market." The patient diagnosed with lumbar radiculopathy, lumbar sprain, lumbar HNP, right shoulder pain and status post left shoulder surgery. MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. The 06/10/13 report does not discuss how Voltaren has impacted the patient's pain and function. Furthermore, ODG guidelines no longer support the use of Diclofenac as a first line given its increased risk profile. Due to lack of documentation, the requested Voltaren IS NOT medically necessary.

Soma 350mg #20 twice daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 04/22/99 and presents with low back pain which radiates to the legs. The request is for SOMA 350 MG #20 TWICE DAILY. There is no RFA provided and the patient's work status is not provided. There is no indication of when the patient

began taking this medication. There is only one treatment report provided from 06/10/13 which does not mention this medication. MTUS Guidelines, Muscle Relaxants, pages 63-66 states "Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2- to 3-week period." This has been noted for sedated and relaxant effects. The patient diagnosed with lumbar radiculopathy, lumbar sprain, lumbar HNP, right shoulder pain and status post left shoulder surgery. MTUS recommends the requested Soma for no more than 2 to 3 weeks. In this case, it is unknown when the patient began taking this medication, which may exceed the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Soma IS NOT medically necessary.

Medrol Dose Pack: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) under Medrol Dose Pack.

Decision rationale: The patient was injured on 04/22/99 and presents with low back pain which radiates to the legs. The request is for MEDROL DOSE PACK. There is no RFA provided and the patient's work status is not provided. There is no indication of when the patient began taking this medication. There is only one treatment report provided from 06/10/13. ODG-TWC, Low Back-Lumbar & Thoracic (Acute & Chronic) under Medrol Dose Pack-See Corticosteroids (oral/parenteral/IM for low back pain) states Medrol is not recommended for chronic pain. The guidelines state that "There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tanner, 2012) ODG Low Back Chapter recommends in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)." The patient diagnosed with lumbar radiculopathy, lumbar sprain, lumbar HNP, right shoulder pain and status post left shoulder surgery. The use of Medrol packs for acute radicular pain is support by ODG. While the patient has pain down the leg, there is no examination and clinical presentation provided to show that this is an acute radiculopathy that may benefit from a course of oral steroids. The request IS NOT medically necessary.