

Case Number:	CM15-0004272		
Date Assigned:	01/15/2015	Date of Injury:	06/28/2003
Decision Date:	03/18/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/08/2015

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: New York
 Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 55 year old male who sustained an industrial injury on 06/28/2003. The diagnoses have included cervical and lumbar discopathy with disc displacement, stenosis and right sacroiliac sprain. Treatments to date have included exercise program and medications. Diagnostics to date have included a urine toxicology screen which did not show any of the medications that have been prescribed. The IW sometimes does not have any medication a week prior to his clinic appointment. In a progress note dated 12/06/2014, the IW presented with complaints of cervical spine and lumbar spine pain which radiates to both arms and legs causing numbness and tingling. Physical examination revealed tenderness to cervical muscles with decreased range of motion. The IW had a positive straight leg test bilaterally with full motor strength in all four extremities. The treating physician reported instructing the injured worker to continue taking his medications and apply the compound cream to the affected area. The injured worker remained off work. Utilization Review determination on 12/29/2014 non-certified the request for Fexmid 7.5mg #120, Norco (Hydrocodone Bitartrate and Acetaminophen 10/325mg #120), Prilosec 20mg #90, Ultram ER 150mg #90, and Nalfon 400mg #90 citing California Medical Treatment Utilization Schedule Guidelines, chronic pain section.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to CA MTUS, cyclobenzaprine is recommended as an option for short course of therapy. Effect is noted to be modest and is greatest in the first 4 days of treatment. The IW has been receiving this prescription for several months according to submitted records. This greatly exceeds the recommended timeframe of treatment. In addition, the request does not include dosing frequency or duration. The request is not medically necessary.

Norco (Hydrocodone Bitartrate and Acetaminophen) 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. Toxicology reports included for review do not support the IW is taking the prescribed opiate medication. The request for opiate analgesia is not medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

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

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history of gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document

any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. In addition, the request does not include dosing frequency or duration of the medication requested. Priolsec is not medically necessary based on the MTUS.

Ultram ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods for neuropathic pain Page(s): 82-83.

Decision rationale: CA MTUS chronic pain guidelines offer very specific guidelines for the ongoing use of opiate pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Tramadol is recommend for the treatment of moderate to severe pain. It is not recommended as a first line agent for treatment. The chart materials do not include a discussion of the IW functional status in relation to the different medications. It is unclear how long the IW has been taking Tramadol. The chart does include a urine drug screen which is inconsistent with the prescribed medications. . In addition, the request does not include dosing frequency or duration. With the absence of this supporting documentation, the request for Tramadol is not medically necessary.

Nalfon 400mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 65-66, 71.

Decision rationale: According to CA MTUS chronic pain guidelines, non-steroidal anti-inflammatory agents are ?recommended as an option for short term symptomatic relief? for the treatment of chronic low back pain. Further recommendations are for the lowest dose for a minimal duration of time. Specific recommendations for fenoprofen (Nalfon) provide dosing recommendations for osteoarthritis and mild to moderate pain. The documentation does not support improvement of symptoms with NSAIDs currently prescribed or the diagnosis of osteoarthritis. Additionally, the request does include frequency and dosing of this medication. The request is medically not necessary.