

Case Number:	CM15-0111958		
Date Assigned:	06/18/2015	Date of Injury:	08/30/2002
Decision Date:	08/20/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/10/2015

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 Jersey

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:

The injured worker is a 55 year old male who sustained an industrial injury on 08/30/02. Initial complaints and diagnoses are not available. Treatments to date include physical therapy, medications, TENS unit, home exercises, and three back surgeries. Diagnostic studies include multiple MRIs, x-rays, and electrodiagnostic studies. Current complaints include low back pain. Current diagnoses include chronic residual low back pain. In a progress note dated 03/19/15 the treating provider reports the plan of care as medications including Anaprox, Norco, Prilosec, and Colace, as well as a TENS unit and home exercises. The requested treatments include Anaprox, Norco, Prilosec and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, (non-steroidal anti-inflammatory drugs) Page(s): 22; 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pp. 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, although the provider documented a 50% reduction in pain and improved function with the chronic and regular use of medications (combined effect of Anaprox and Norco), the risks associated with long term use of NSAIDs such as Anaprox is well documented and should not be ignored. Upon reviewing the documents provided, there was no mention of how much the Anaprox alone contributed to this overall benefit. A move toward at least less use of NSAIDs or stopping completely should take place, in the opinion of this reviewer. The use of other modalities and medications could be considered if this medication was providing some relief. Therefore, the Anaprox is not medically necessary at this time.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was evidence that most of this review regarding Norco use was completed with the worker. However, there was mention of the overall combined effect of Norco plus Anaprox use allowing more function and a significant reduction in pain, but not how Norco was affecting the worker independently of the other medications used. However, considering the Anaprox is not appropriate to use long-term and it is advised that this be discontinued, it would be inappropriate to discontinue Norco at the same time. Therefore, it is advised that Norco be continued as requested, but with close documentation on the independent effects of this medication on function and pain without the use of NSAIDs. The request is medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was insufficient evidence provided which suggested this worker, was at an elevated risk for gastrointestinal events beyond the NSAID use to warrant ongoing Prilosec, which doesn't eliminate gastrointestinal risks, which is commonly misunderstood. Also, since this reviewer suggests the Anaprox be discontinued due to long term risks in addition to the gastrointestinal risks, there would be even less need for the Prilosec. Therefore, the Prilosec is not medically necessary at this time.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, Opioids pp. 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards yearly or more frequently in settings of increased risk of abuse, in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was no history documented in the notes which suggested this worker was suspicious of abusing medications and therefore, frequent drug testing would not be needed unless this changed. Therefore, the request for urine drug screening is not medically necessary at this time.