

Case Number:	CM15-0115600		
Date Assigned:	06/23/2015	Date of Injury:	06/26/2003
Decision Date:	08/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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: 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 37 year old male patient who sustained an industrial injury on 06/26/2003. The accident was described as while working as a coiler material handler and prior to that as a meat wrapper at a small grocery, he encountered progressive cumulative trauma revolving around overuse and repetitive motion of upper extremities. A recent primary treating office visit dated 04/27/2015 reported subjective complaints of with persistent sharp pain in the right cervical spine and right shoulder blade. The neck pain radiates down into bilateral arms accompanied by numbness and tingling. He reports her neck feeling weak along with feeling depressed and anxious. He is currently taking: Maxalt, Prilosec, OxyContin, Percocet and Restoril. The following diagnoses are applied: cervical discopathy with disc displacement, status post cervical fusion; cervical radiculopathy; right shoulder impingement syndrome, status post-surgery, and thoracic musculoligamentous injury. The plan of care noted the patient to continue with medications, apply compound creams, referred for a pain management evaluation, and undergo psychiatric evaluation. Back at a primary follow up on 11/20/2014 the patient had no change in subjective complaint, objective assessment, medication regimen or the plan of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (Omeprazole DR) 20mg 1 tab twice a day #90: Upheld

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

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

Decision rationale: This patient presents with persistent sharp pain in the right cervical spine and right shoulder blade. The current request is for Prilosec (Omeprazole DR) 20mg 1 tab twice a day #90. The RFA is dated 04/27/15. Treatment history included cervical fusion, physical therapy and medications. The patient remains off work. MTUS page 69 regarding NSAIDs, GI Symptoms & cardiovascular risk states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." According to progress report 04/27/15, the patient presents with complaints of persistent sharp pain in the right cervical spine and right shoulder blade. The neck pain radiates down into bilateral arms accompanied by numbness and tingling. He also complains of depression and anxiety. He is currently taking Maxalt, Prilosec, OxyContin, Percocet and Restoril. The patient reported that "medications are helpful in alleviating some of the pain". The treater states "the following medications were prescribed and dispensed to assist in reducing and aiding in resolving the patient's signs and symptoms". This generic statement is provided in progress reports 04/27/15 through 11/20/14. This patient has been prescribed Prilosec since at least 11/20/14. In this case, the patient is not on oral NSAID therapy to indicate prophylactic use of PPI according to guidelines. Furthermore, there is no mention of dyspepsia due to NSAID therapy or any GI symptoms. This request is not medically necessary.

Oxycontin (Oxycodone Hcl) 1 tab twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications Page(s): 92, 78-80, 124.

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: This patient presents with persistent sharp pain in the right cervical spine and right shoulder blade. The current request is for Oxycontin (Oxycodone Hcl) 1 tab twice a day #60. The RFA is dated 04/27/15. Treatment history included cervical fusion, physical therapy and medications. The patient remains off work. 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." This patient has been prescribed Oxycontin since at least 11/20/14. According to progress report 04/27/15, the patient presents with complaints of persistent sharp pain in the right cervical spine and right shoulder blade. The neck pain radiates down into bilateral arms accompanied by numbness and tingling. He also complains of depression and anxiety. He is currently taking Maxalt, Prilosec, OxyContin, Percocet and Restoril. The patient reported that "medications are helpful in alleviating some of the pain". The treater states "the following medications were prescribed and dispensed to assist in reducing and aiding in resolving the patient's signs and symptoms." This generic statement is provided in progress reports 04/27/15 through 11/20/14. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opiate. Urine drug screens are administered, but there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.

Gabapentin 600mg 1 tab three times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin Page(s): 18-19.

Decision rationale: This patient presents with persistent sharp pain in the right cervical spine and right shoulder blade. The current request is for Gabapentin 600mg 1 tab three times a day #90. The RFA is dated 04/27/15. Treatment history included cervical fusion, physical therapy and medications. The patient remains off work. MTUS Guidelines, pages 18-19, Chronic Pain Medical Treatment Guidelines: Anti-epilepsy drugs (AEDs), Gabapentin has the following, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain". MTUS page 60 also states, "A record of pain and function with the medication should be recorded", when medications are used for chronic pain. According to progress report 04/27/15, the patient presents with complaints of persistent sharp pain in the right cervical spine and right shoulder blade. The neck pain radiates down into bilateral arms accompanied by numbness and tingling. He also complains of depression and anxiety. He is currently taking Maxalt, Prilosec, OxyContin, Percocet and Restoril. On 04/27/15, the patient reported that "medications are helpful in alleviating some of the pain". The treater states "the following medications were prescribed and dispensed to assist in reducing and aiding in resolving the patient's signs and symptoms". This generic statement is provided in progress reports 04/27/15 through 11/20/14.

The patient has been prescribed Gabapentin since at least 01/23/15, with no discussion of functional changes with taking this medication. Only a generic statement that medications are "helpful" have been provided. MTUS page 60 under Medications for chronic pain states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. This request is not medically necessary.

Maxalt (Rizatriptan Benzoate) 5mg #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Rizatriptan (Maxalt), Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter under Rizatriptan (Maxalt).

Decision rationale: This patient presents with persistent sharp pain in the right cervical spine and right shoulder blade. The current request is for Maxalt (Rizatriptan Benzoate) 5mg #18. The RFA is dated 04/27/15. Treatment history included cervical fusion, physical therapy and medications. The patient remains off work. ODG guidelines, chapter 'Head' and topic 'Rizatriptan (Maxalt)', recommend the medication for "migraine sufferers". The guidelines also state "While the Maxalt brand of Rizatriptan therapy is more expensive than other Triptans, savings can be expected in reduced migraine-related loss of work productivity compared with less effective treatments". The patient has been prescribed Maxalt since at least 11/10/14. There is documentation of "frequent headaches" for this patient; however, the treater does not document the occurrence of migraines and there is no discussion of functional improvement with taking this medication. On 04/27/15, the patient reported that "medications are helpful in alleviating some of the pain". This is the only statement regarding medications provided in reports 04/27/15 through 11/20/14. MTUS page 60 under Medications for chronic pain states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Therefore, the request is not medically necessary.