

Case Number:	CM15-0125911		
Date Assigned:	07/10/2015	Date of Injury:	03/09/2001
Decision Date:	08/13/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/30/2015

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: Pediatrics, Internal 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 is a 64 year old female, who sustained an industrial injury on 3/9/01. The mechanism of injury is not indicated. The injured worker was diagnosed as having coccyx pain, cervical spine musculoligamentous sprain, biceps tendinitis of the shoulders and bilateral carpal tunnel syndrome. Treatment to date has included oral medications including Hydrocodone, Colace and Omeprazole; home exercise program and activity restrictions. Currently on 5/29/15, the injured worker complains of continued pain in cervical spine, both shoulders and both wrists, with pain radiating in bilateral upper extremities to hands and numbness and tingling in hands. She rates the pain 8/10 and is able to perform activities of daily living at 10% of normal with medications her symptoms improve by 35%. She is currently working modified duties 6 hours per day. Physical exam performed on 5/29/15 revealed restricted range of motion of cervical spine with palpable tenderness over the paravertebral and trapezial musculature and spasm present. Physical exam of bilateral shoulders revealed tenderness over the biceps tendon with spasm in trapezial region and exam of bilateral wrists revealed palpable tenderness and restricted range of motion. There is palpable tenderness over the sacral coccyx area. A request for authorization was submitted on 5/29/15 for office visit, cervical pillow, Docusate 100mg, Omeprazole 20mg and Hydrocodone-APAP 7.5/300mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical pillow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Neck Support Pillow.

Decision rationale: CA MTUS is silent regarding a neck support pillow while sleeping, therefore ODG was consult. ODG recommendations regarding a neck support pillow are: "subjects should be treated by health professionals trained to teach both exercises and appropriate use of a neck support pillow during sleep, either strategy alone did not give the desired clinical benefit." Documentation did not indicate a heal professional had instructed the injured worker on exercises and appropriate use of a neck support pillow during sleep. Therefore, the recommendation for a neck support pillow is not medically necessary.

Docusate sodium 100mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Opioid Induced Constipation.

Decision rationale: CA MTUS guidelines recommend initiation of prophylactic treatment of constipation with initiation of opioid treatment. For first line treatment the ODG recommends upon prescribing an opioid, especially if it will be needed for more than a few days, the patient should receive information that the medication may cause constipation. The patient should be educated regarding treatment including hydration, increased physical activity and proper diet. Over the counter medications may also be used. If first line treatment does not work, second line treatments may be used. Documentation did not support the injured worker was educated on first line options and if first line treatments, including over the counter medications, were attempted. Therefore, the request for Colace is not medically necessary.

Omeprazole 20mg quantity 60, 30 days supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient had any GI symptoms or risk factors. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Omeprazole has not been established. The requested request for Omeprazole is not medically necessary.

Hydrocodone Acetaminophen 7.5/300mg quantity 120, 30 days supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS Hydrocodone/ Acetaminophen is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit or documentation of relief from pain. She is currently working 6 hours a day. Documentation did not include a urine drug screen and she has been utilizing Hydrocodone for greater than one year. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.