

Case Number:	CM15-0126197		
Date Assigned:	07/10/2015	Date of Injury:	06/11/1991
Decision Date:	09/04/2015	UR Denial Date:	06/23/2015
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: Anesthesiology

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 75 year old female, who sustained an industrial injury on June 11, 1991. The injured worker was diagnosed as having cervical spine radiculopathy and lumbar spine radiculopathy status post spinal fusion. Treatments and evaluations to date have included a spinal fusion and medication. Currently, the injured worker complains of neck pain, with low back pain worsening. The single submitted physician's report dated January 12, 2015, noted the injured worker was seen by an urologist with recommendation for a hysterectomy and surgery for a prolapsed bladder. The injured worker was noted to use a walker for ambulation with no changes in the physical examination. The treatment plan was noted to include obtaining reports from the urologist and the internist, a request for a three month supply of Poise sanitary pads, refill of the medications including Norco, gabapentin, Prilosec and Butrans patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90 with 2 refills: 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 Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines recommend a pain agreement for chronic opioid use, and consideration of use of a urine drug screen (UDS) to assess for use or the presence of illegal drugs. Norco (Hydrocodone/Acetaminophen) is indicated for moderate to moderately severe pain. The single physician's report from January 2015 did not include documentation of objective, measurable improvements in the injured worker's pain, specific activities of daily living (ADLs), function, or quality of life with use of the Norco. There was no indication that the injured worker had a reduction in her dependency on continued medical treatment, nor was there documentation of a pain assessment that included the injured worker's current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the Norco, how long it takes for pain relief, or how long the pain relief lasts. The requested prescription did not include the dose or directions for use of the Norco. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Norco 10/325 mg #90 with 2 refills.

Gabapentin 600 mg #90 with 2 refills: 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 Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes antiepilepsy drugs (AEDs) are recommended for neuropathic pain, with a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger to switch to a different first-line agent or a combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is a lack of evidence to demonstrate that AEDs significantly reduce the level of myofascial or other sources of somatic pain, and are not recommended. The injured worker was noted to have the diagnosis of cervical and lumbar radiculopathy without documentation of diabetic neuropathy, postherpetic neuralgia, or neuropathic pain. The documentation provided did not include documentation of objective,

measurable improvement in the injured worker's pain, function, specific activities of daily living (ADLs), or quality of life with use of the Gabapentin. The requested prescription did not include the daily dose or directions for use of the Gabapentin. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Gabapentin 600 mg #90 with 2 refills.

Prilosec 20 mg #120: 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, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs such as NSAID plus low dose aspirin). The guidelines are specific re: the risk factors of history of peptic ulcer or GI bleeding or perforation, not just a GI history (which could include many other GI issues). The documentation provided did not identify the injured worker as using a NSAID. Although the injured worker was 75 years old, the documentation provided did not include documentation of gastrointestinal (GI) symptoms or risk factors such as any concurrent ASA, corticosteroid, and/or anticoagulant, or multiple non-steroid anti-inflammatory drugs (NSAIDs). Therefore, based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Prilosec 20 mg #120.

Follow up with internist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines notes referrals may be appropriate when the practitioner is uncomfortable when treating a particular cause or delayed recovery. The single physician's note submitted for review noted the treatment plan included obtaining records from the injured worker's Internist. The Physician noted there were no changes in the physical exam and there was no history or physical included in the documentation. Based on the lack of documentation provided for review regarding the rationale for the requested service, the request for follow up with an internist is not medically necessary.

Urine toxicology: 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 Opioids

Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine drug testing (UDT).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that drug testing is recommended as an option, using a urine drug screen (UDS) to assess for the use or the presence of illegal drugs, and for the occurrence of any potentially aberrant or non-adherent drug related behaviors. The Official Disability Guidelines (ODG) recommends urine drug testing at the onset of treatment, and ongoing monitoring. If a patient has evidence of a "high risk" of addiction, has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts, and if dose increases are not decreasing pain and increasing function, consideration of urine drug testing should be made to aid in evaluating medication compliance and adherence. The frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Injured workers at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Injured workers at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. Injured workers at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The documentation provided included a urine drug screen dated March 23, 2015, with inconsistencies for Hydrocodone and Norhydrocodone, however the testing noted the injured worker's prescriptions to include Omeprazole, Methoderm, and Flexeril without a physician's note regarding the urine drug screen (UDS). The documentation provided identified the injured worker was prescribed Norco, however, there was no indication of high risk behaviors by the injured worker that would indicate the need for frequent urine drug screens. Therefore, based on the guidelines, the documentation did not support the medical necessity of the request for a urine toxicology.

Follow up with urologist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines notes referrals may be appropriate when the practitioner is uncomfortable when treating a particular cause or delayed recovery. The single physician's note submitted for review dated January 12, 2015, noted the injured worker was seen by a urologist with recommendation for a hysterectomy and surgery for a prolapsed bladder. The treatment plan was noted to include the need to obtain a report from the urologist. The physician noted there were no changes in the physical exam and there was no history or physical included in the documentation. No additional documentation was provided regarding any urology reports. Based on the lack of documentation provided for review regarding the rationale for the requested service, the request for follow up with a urologist is not medically necessary.