

Case Number:	CM15-0170378		
Date Assigned:	09/09/2015	Date of Injury:	06/11/2002
Decision Date:	10/23/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year old female with a date of injury on 6-11-2002. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, lumbar facet arthropathy and lumbar radiculitis. Medical records (6-11-2015 to 8-7-2015) indicate ongoing low back pain radiating down the bilateral lower extremities. The pain was accompanied by muscle weakness frequently in the right lower extremity. She rated the pain as five to six out of ten with medications and six to eight out of ten without medications. She reported moderate constipation. She reported ongoing limitations in ambulation and sleep due to pain. She reported that the use of the current muscle relaxant, non-steroidal anti-inflammatory drug, opioid pain and sleep aid medications were helpful. Per the treating physician (8-7-2015), the employee is currently not working. The physical exam (6-11-2015 to 8-7-2015) reveals spasm noted L4-S1 in the bilateral paraspinal musculature. There was tenderness to palpation in the paravertebral area L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Toradol injections were given on 6-11-2015, 7-9-2015 and 8-7-2015. Treatment has included injections and medications. The injured worker has been prescribed Ambien, Tramadol and Vitamin D since at least 4-10-2014. She has been prescribed Orphenadrine and Norco since at least 10-16-2014. She has been prescribed Naproxen since at least 4-3-2015; prior to that, she was prescribed Ketoprofen. The original Utilization Review (UR) (8-19-2015) non-certified requests for a urine drug screen, Norco, Naproxen, Orphenadrine ER, Senokot S, Tramadol ER, Vitamin D and Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation of prescription of controlled substances and the provider has ordered a recent urine drug screen on 4/2015. The actual urine drug screen report is not included in the submitted documentation. Furthermore, there is no risk factor assessment, such as the utilization of the Opioid Risk Tool or SOAPP is apparent in the records, which would dictate the schedule of random periodic drug testing. Given this, this request is not medically necessary.

Norco 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and reducing her pain. However, there is no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly

discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Naproxen 550mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that Naproxen is providing both analgesic benefits and functional improvement in recent progress notes. Given this, the current request is medically necessary.

Orphenadrine ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for orphenadrine (Norflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is indication that Norflex has analgesic benefit and lead to functional improvements. However, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested orphenadrine is not medically necessary.

Senokot S 50/8.5mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: With regard to this medication request, the Chronic Pain Medical Treatment Guidelines do recommend prophylactic laxative and stool softener agents for any patient on opioid therapy. Opioids are well known to cause constipation commonly as a side effect. Within the submitted documentation, there is a complaint of moderate constipation relating to opioid use. As such, the prescription of Senokot is appropriate in this case.

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for Ultram (tramadol), Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and reducing her pain from 8/10 to 6/10. However, there is no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol), is not medically necessary.

Vitamin D 2000 units two (2) #100: 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), Pain Chapter, Vitamin D (cholecalciferol).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin D (cholecalciferol).

Decision rationale: Regarding the request for Vitamin D supplement, Official Disability Guidelines (ODG) state that, if necessary, vitamin D supplementation is recommended for consideration in chronic pain patients. ODG state that Vitamin D deficiency is not considered a workers' compensation condition. Inadequate vitamin D may represent an under-recognized source of nociperception and impaired neuromuscular functioning among patients with chronic pain. Physicians who care for patients with chronic, diffuse pain that seems musculoskeletal - and involves many areas of tenderness to palpation - should consider checking vitamin D level. For example, many patients who have been labeled with fibromyalgia may be suffering from symptomatic vitamin D inadequacy. There is also a correlation between inadequate vitamin D levels and the amount of narcotic medication taken by chronic pain patients. Within the documentation available for review, there is no laboratory report to document vitamin D deficiency and to justify vitamin D supplementation. In the absence of such documentation, the currently requested Vitamin D supplement is not medically necessary.

Zolpidem 10mg #30: 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), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are subjective complaints of insomnia such as that documented in notes dated 5/13/14 and 8/12/14. However, there appears to be a longer-term use of Ambien in excess of guideline recommendations of 6 weeks. Given this, the currently requested Ambien is not medically necessary.