

Case Number:	CM15-0176335		
Date Assigned:	10/09/2015	Date of Injury:	07/15/2000
Decision Date:	12/11/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/08/2015

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: Preventive Medicine, Occupational 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 52 year old male who sustained an industrial injury on 07-15-2000. According to the most recent progress report submitted for review and dated 07-25-2015, the injured worker complained of low back pain radiating down in both legs associated with numbness and tingling. He also reported neck pain especially on the left side radiating into the back of his head, causing headaches with numbness and tingling that radiated into both arms. Radiating pain was worse on the left arm and radiated to his left elbow. He stated that his left epicondyle appeared to be inflamed. He reported pain in his left hand with stiffness of his fingers. The provider noted that the injured worker also appeared to be suffering from a left elbow tendinitis that was non-industrial. Current medications included Fexmid, Paxil, Prilosec, Ultram ER, Norco, Ambien and Ativan and topical compound cream. Examination of the cervical spine revealed a well-healed incision on the left anterior cervical area. There was tenderness to palpation over the cervical paraspinal musculature. There was decreased range of motion secondary to pain and stiffness. Spurling's sign was positive on the left with tenderness over the left upper trapezius muscles. Examination of the right hand revealed positive Tinel's sign and Phalen's sign. There was decreased sensation at the right median nerve distribution. Examination of the lumbar spine revealed a well-healed incision. There was tenderness to palpation over the bilateral lumbar paraspinal musculature. There was decreased range of motion secondary to pain and stiffness. Supine straight leg raising test was positive at 20 degrees bilaterally. Motor strength was 5 out of 5 in the bilateral upper and lower extremities with normal bulk and tone. Sensation was diminished to light touch and pinprick at the right median

nerve distribution. Reflexes were 1 plus throughout. Both toes were downgoing. Hoffman's sign was negative. There was negative clonus. Diagnoses included cervical discopathy with disc displacement status post cervical fusion, cervical radiculopathy, and lumbar discopathy with disc displacement status post lumbar microdiscectomy, lumbar radiculopathy and right carpal tunnel syndrome. The treatment plan included Fexmid 7.5 mg #120 twice a day, Lunesta 2 mg #30, Paxil 20 mg #60 twice a day, Prilosec 20 mg #90 twice a day, Ultram ER 150 mg # 90 once daily, topical compound cream, Norco 10-325 mg #120 every 4 hours as needed, Lorazepam 2 mg #90 three times a day, replacement of batteries and supplies for TENS unit, urological consultation and urine toxicology. An authorization request dated 07-25-2015 was submitted for review. The requested services included Fexmid 7.5 mg #120, Lunesta 2 mg #30, Paxil 20 mg #60, Prilosec 20mg #90, Ultram ER 150 mg #90, Ativan 2 mg #90, Norco 10-325 mg, replacement of batteries and supplies of TENS unit, urine toxicology test and urology consultation. Documentation shows use of Fexmid, Prilosec and Norco dating back to February 2015. Urine toxicology reports were not submitted for review. On 08-17-2015, Utilization Review non-certified the request for Fexmid 7.5 mg #120, Prilosec 20 mg #90, one replacement of batteries and supplies of TENS unit, urine toxicology test and urology consultation and modified the request for Norco 10-325 mg. The request for Ultram ER 150 mg #90 was certified. The request for Ativan, Lunesta and Paxil was conditionally non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #120: 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: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Fexmid 7.5mg #120 is not medically necessary.

Prilosec 20mg #90: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to

determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec 20mg #90 is not medically necessary.

Norco 10/325mg: 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 for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg is not medically necessary.

One replacement of batteries and supplies of TENS unit: 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): Transcutaneous electrotherapy.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The PR-2 supplied for review documents that the patient has had successful relief for muscular pain with previous use of his TENS unit. I am reversing the previous utilization review decision. One replacement of batteries and supplies of TENS unit is medically necessary.

Urine toxicology test: 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): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the

ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine toxicology test is not medically necessary.

Urology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Testosterone replacement for hypogonadism.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: According to the MTUS, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined elsewhere in Cornerstones of Disability Prevention and Management , with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. ACOEM Guidelines referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Urology consultation is not medically necessary.