

<b>Case Number:</b>	CM15-0073490		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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:

The injured worker is a 32-year-old male who sustained an industrial injury on 11/7/13. He has reported initial complaints of neck, shoulder, back and leg injury after slipping and falling taking out trash. The diagnoses have included cervical and lumbar strain/sprain and lumbar facet arthropathy. Treatment to date has included medications, diagnostics, chiropractic 8 sessions with some benefit, and 4 sessions of physical therapy with slight benefit. The diagnostic testing that was performed included x-rays and Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Prilosec, Tylenol #3 and Naproxen, which decrease the pain 50-60 percent and allow him to increase activities. Currently, as per the physician progress note dated 2/26/15, the injured worker complains of neck and back pain with the low back pain being worse. The pain was currently rated 7/10 on pain scale and previously was rated 8-9/10. He reports that the pain was sharp on the right side with occasional pain and tingling down the bilateral extremities. He was working at the time of the exam. The physical exam revealed tenderness in the lumbar region, pain with facet loading bilaterally, decreased cervical range of motion, and decreased lumbar range of motion. There was no previous therapy sessions noted and there was no urine drug screen noted. The physician requested treatments included APAP with Codeine 300/30mg quantity of 60, Naproxen Sodium 500mg quantity of 60, Omeprazole 20mg quantity of 60 and General orthopedic follow ups with Dr. Burgoyne.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APA with Codeine 300/30mg qty 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): 76-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function and pain reduction was documented in a progress note from Dec 2014. However, there did not appear to be adequate monitoring for aberrant behaviors such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP, or including results of random urine toxicology testing. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

**Naproxen Sodium 500mg qty 60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

**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 a note dated 12/11/14, which indicates that Naproxen (in conjunction with Tylenol with Codeine) is helping to reduce pain 30% and improve walking distance. No significant side effects are noted. Given this, the currently requested Naproxen is not medically necessary.

**Omeprazole 20mg qty 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

**Decision rationale:** In this request, there is controversy over whether a PPI is warranted in this worker's treatment regimen. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "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)." In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. Given this, this request is not medically necessary.

**General orthopedic follow ups with Dr. Burgoyne for shoulder complaints:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. However, in this case, this is a follow-up visit but the prior notes from this orthopedic specialist are not available. It is unclear what the plan of care is, and the recent progress notes do not detail what type of further management requiring specialty care is being carried out. This request is not medically necessary.