

Case Number:	CM15-0077095		
Date Assigned:	04/28/2015	Date of Injury:	08/01/2007
Decision Date:	07/07/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/22/2015

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: Montana

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 63-year-old female with an industrial injury dated 08/01/2007. Her diagnoses included Cervicalgia with right upper extremity radiculopathy, bilateral shoulder rotator cuff tear, lumbago and bilateral knee pain. Prior treatment included surgery, physical therapy and medications. She presents on 01/05/2015 with complaints of bilateral knee pain, neck pain, right facial pain, low back pain and bilateral shoulder pain. Physical examination of the cervical spine revealed mild tenderness diffusely at the base. Lumbar spine was minimally tender. Both knees were diffusely tender. The plan of care included pain medications and laboratory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab: CRP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2009 ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD, CRP testing.

Decision rationale: The MTUS is silent regarding CRP testing. A C-reactive protein (CRP) test is a blood test that measures the amount of a protein called C-reactive protein in the blood. C-reactive protein measures general levels of inflammation in your body. High levels of CRP are caused by infections and many long-term diseases. But a CRP test cannot show where the inflammation is located or what is causing it. Other tests are needed to find the cause and location of the inflammation. A C-reactive protein (CRP) test is done to identify and keep track of infections, diseases that cause inflammation, and other ill-defined conditions. In this case, the medical record document, that laboratory testing is requested to monitor the chronic effects of medications. Appropriate labs were approved by the Utilization Review for that purpose. CRP testing was performed on 6/16/14 with normal results. No rationale is provided to support repeat testing. The request for CRP laboratory test is not medically necessary.

Lab ESR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2009 ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mayo clinic website, ESR testing.

Decision rationale: The MTUS is silent regarding erythrocyte sedimentation rate (ESR) testing. The test is done to identify and keep track of infections, diseases that cause inflammation, and other ill-defined conditions. Sed rate, or ESR, is a blood test that can reveal inflammatory activity in the body. A sed rate test is not a stand-alone diagnostic tool, but it may help to diagnose or monitor the progress of an inflammatory disease. In this case the medical record document that laboratory testing, including ER, is requested to monitor the chronic effects of medications. Appropriate labs were approved by the Utilization Review for that purpose. ESR testing was performed on 6/16/14 with normal results. No rationale is provided to support repeat testing. The request for ESR laboratory test is not medically necessary.

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-83 and 92.

Decision rationale: Percocet (Oxycodone) is an opioid pain reliever. The MTUS notes that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of Oxycodone/Acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The medical records document only that the medications

are helpful. The records do not provide review and documentation of functional status with objective functional improvement, and side effects. Aberrant drug behaviors are not addressed. There is no pain assessment including the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Appropriate documentation for continued use of Percocet should be provided as noted in the guidelines above. Without the required documentation, the request for Percocet 10/325mg #120 is not medically necessary.

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78 and 93-94.

Decision rationale: The MTUS notes that Tramadol is a central acting opioid analgesic that may be used to treat chronic pain and neuropathic pain. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of Tramadol requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Opioid use for chronic pain appears to be effective for short-term pain relief but long-term benefit is unclear. Tramadol specifically is found to have a small benefit (12% decrease in pain intensity baseline) for up to 3 months. No long-term studies allow for recommended use beyond 3 months. In this case the medical records do not support use of Tramadol within the MTUS guidelines noted above. The records do not provide review and documentation of functional status with objective functional improvement, and side effects. Aberrant drug behaviors are not addressed. There is no pain assessment including the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Appropriate documentation for continued use of Tramadol should be provided as noted in the guidelines above. Without the required documentation, the request for Tramadol 50mg #120 is not medically necessary.

Arthrotec 50/200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 70-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Arthrotec.

Decision rationale: The MTUS states that Arthrotec (Diclofenac/ misoprostol) 50mg/200mcg combine's Diclofenac (an NSAID) with misoprostol, an agent that inhibits basal and nocturnal gastric acid secretion and has some mucosal protective properties. Misoprostol is available as Cytotec. It is indicated for the treatment of the signs and symptoms of osteoarthritis in patients at high risk for developing NSAID-induced gastric or duodenal ulcers and their complications. These two products are available as separate medications if you need to individualize therapy. Side Effects: See Diclofenac. Misoprostol side effects: (vs. Diclofenac alone). The following symptoms were increased over and above that found for Diclofenac alone with the addition of misoprostol: Abdominal pain (21% with Arthrotec and 15% with Diclofenac); Diarrhea (19% with Arthrotec vs. 11% with Diclofenac); Dyspepsia (14% for Arthrotec vs. 11% for Diclofenac); Nausea/vomiting (11% for Arthrotec vs. 6% for Diclofenac); Flatulence (9% for Arthrotec vs. 4% for Diclofenac). Diarrhea and abdominal pain usually resolve in 2 to 7 days. Dosing: The recommended dose for OA is Diclofenac 50mg/misoprostol 200mcg t.i.d. In patients that may not tolerate this dose, 50mg/200mcg b.i.d and 75mg/200mcg b.i.d. may be prescribed, but are somewhat less effective in ulcer prevention. (Arthrotec Package Insert) (Bocanegra, 1998) The ODG guidelines note that Arthrotec is a combination medication containing Diclofenac and misoprostol. Diclofenac is not recommended as first line due to increased risk profile. The package insert for Arthrotec includes a boxed warning that also relates to potential toxicities of misoprostol. In the treatment of NSAIDs induced ulcers, omeprazole has proved to be at least as effective as misoprostol, but significantly better tolerated, and therefore misoprostol should not be considered a first choice treatment. (FDA, 2011) In this case, the treatment guidelines note that Arthrotec is not a recommended first line agent due to its risk profile. First line treatments would be more appropriate. The request for Arthrotec 50/200mg #60 is not consistent with the MTUS and ODG guidelines and is not medically necessary and appropriate.