

Case Number:	CM15-0096123		
Date Assigned:	05/26/2015	Date of Injury:	11/15/2003
Decision Date:	06/30/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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: Internal 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 year old male, who sustained an industrial injury on November 15, 2003, incurring low back pain after pulling work equipment. He felt immediate low back pain. Treatment included pain medications, anti-inflammatory drugs, acupuncture, physical therapy, and modified work restrictions. He continued with back pain radiating into the neck. He was diagnosed with lumbar spine disc disease with bulging discs, and thoracic spine sprain. Magnetic Resonance Imaging revealed lumbar facet arthropathy and central disk bulge with mild spinal stenosis. A cervical Magnetic Resonance Imaging showed cervical lordosis and was diagnosed with cervical radiculopathy and cervical degenerative disc disease. Currently, the injured worker complained of persistent neck pain, low back pain and mid back pain. Examination of the spine revealed spasm, pain and decreased range of motion. The treatment plan that was requested for authorization included prescriptions for Ultracet, Duexis, Restoril, and a Flector patch, one complete surgical spinal decompression, twelve sessions of acupuncture therapy, and one urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids, specific drug list.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Ultracet is a combination of Acetaminophen and Tramadol. Documentation shows that the injured worker complains of chronic neck, mid and low back pain, with no significant improvement in pain or level of function, to justify the ongoing use of Ultracet. With MTUS guidelines not being met, the request for Ultracet 37.5/325 mg #90 is not medically necessary.

Duexis 800/26.6 mg #90: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Duexis (ibuprofen & famotidine).

Decision rationale: Duexis is a combination of ibuprofen 800 mg and famotidine (Pepcid) 26.6 mg, indicated for the treatment of rheumatoid arthritis and osteoarthritis. This medication may also be used to prevent stomach ulcers in patients taking Nonsteroidal anti-inflammatory drugs (NSAIDs). Per ODG, Duexis is not recommended as a first-line drug and with less benefit and higher cost, using it as a first-line therapy is not justified. Documentation shows that the injured worker complains of chronic neck, mid and low back pain, with no significant improvement in pain or level of function on current medication regimen. The medical necessity for using Duexis instead of less costly anti-inflammatory drugs has not been established. The request for Duexis 800/26.6 mg #90 is not medically necessary by lack of functional improvement and by guidelines.

Restoril 30 mg #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), Pain Chapter, Insomnia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker has been prescribed this medication for a longer duration of time with no significant improvement in function. The request for Restoril 30 mg #30 is not medically necessary by MTUS.

Flector patch 1.3% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector Patch.

Decision rationale: Flector patch (Diclofenac) is FDA indicated for acute strains, sprains, and contusions and recommended for osteoarthritis after failure of an oral NSAID or when there is contraindication to oral NSAIDs. Per ODG, Flector Patch is not recommended for use as a first-line treatment. The injured worker complains of chronic neck, mid and low back pain. Documentation fails to demonstrate adequate improvement in level of function or quality of life, to support the medical necessity for continued use of Flector Patch. In the absence of significant response to treatment, the request for Flector Patch is not medically necessary.

One (1) complete spinal decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Physical Methods, pg 300.

Decision rationale: MTUS does not recommend vertebral axial decompression for treating low back injuries as there is insufficient evidence supporting its use. Per MTUS, traction has not been proved effective for lasting relief in treating low back pain. Documentation shows that the injured worker complains of chronic neck, mid and low back pain. The request for One (1) complete spinal decompression to treat this condition is not medically necessary by MTUS.

12 sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: MTUS states that Acupuncture has not been found to be effective in the management of back pain and is only recommended when used as an adjunct to active physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines recommend Initial trial of 3-4 visits over 2 weeks. With evidence of reduced pain, medication use and objective functional improvement, total of up to 8-12 visits over 4-6 weeks. Documentation shows that the injured worker complains of chronic neck, mid and low back pain managed to date with multiple treatment modalities, including Acupuncture for a period of over 6 months. Given that the injured worker has completed an initial course of acupuncture and there is no report of significant improvement in physical function or exceptional factors, medical necessity for additional acupuncture has not been established. Furthermore, MTUS does not recommend acupuncture for the treatment of neck pain. Per guidelines, the request for 12 sessions of acupuncture is not medically necessary.

One (1) urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation supports that the injured worker is at low risk of addiction or aberrant behavior. With the medical necessity for ongoing opioid use not being established, urine drug screening is no longer indicated. The request for One (1) urine drug screen is not medically necessary per guidelines.