

Case Number:	CM13-0001996		
Date Assigned:	07/22/2013	Date of Injury:	08/01/2009
Decision Date:	01/27/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

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 underlying date of injury in this case is 08/01/2009. Treating diagnoses include total body pain, valley fever, right shoulder impingement syndrome, right shoulder pain, fibromyalgia, and chronic pain syndrome. Medical records document extensive polypharmacy including treatment with Vicodin, Opana, Roxicodone, Topamax, Lidoderm, lactulose, trazodone, Prilosec, baby aspirin for cardiac prophylaxis, Cozaar, Vistaril, Flomax, Pristiq, Reglan, and insulin. Treating physician notes of 08/03/2012 note that without medication the patient stays in bed all day, feels hopeless about life, and that within medication the patient has pain 8/10 and gets out of bed but does not get dressed and stays at home all day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 30MG #120 & 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Opioids, dosing Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids as Ongoing Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Opioids as Ongoing Management, page 78, recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effect. When to Discontinue Opioids: If there is no overall improvement in function, unless there are extenuating circumstances." The

medical records in this case do not document monitoring of the 4 domains of opioid use to support indication for ongoing opioid use. Rather the records document a profound decline in functional status with minimal improvement with opioids. The medical records do not establish an apparent benefit from opioid treatment. This treatment is not medically necessary.

Roxicodone 30MG #120 & 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Opioids, dosing Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids as Ongoing Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Opioids as Ongoing Management, page 78, recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...When to Discontinue Opioids: If there is no overall improvement in function, unless there are extenuating circumstances." The medical records in this case do not document monitoring of the 4 domains of opioid use to support indication for ongoing opioid use. Rather the records document a profound decline in functional status with minimal improvement with opioids. The medical records do not establish an apparent benefit from opioid treatment. This treatment is not medically necessary.

Lidoderm patch 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Topical Analgesics Page(s): 112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Topical Analgesics, page 112, states regarding topical lidocaine, "Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy...Non-neuropathic pain: Not recommended." This patient has been documented with total body pain and not with localized peripheral pain. The guidelines do not support an indication for Lidoderm, and I recommend this be noncertified.

Asprin 81MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA approved labeling information

Decision rationale: The use of aspirin for cardiac prophylaxis is not discussed in the California Treatment Guidelines. FDA approved labeling information for this medication states the medication "temporarily relieves minor aches and pains." The use of this medication for cardiac prophylaxis may be widespread though is an off-label use with the underlying rationale including decision-making information not documented in the medical records. Therefore, based on the available records at this time, this treatment is not medically necessary.