

Case Number:	CM13-0003401		
Date Assigned:	12/27/2013	Date of Injury:	04/05/2008
Decision Date:	07/09/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/25/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, and hip arthritis reportedly associated with an industrial injury of April 5, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; right hip total hip arthroplasty procedure; anxiolytic medications; and psychotropic medications. In a Utilization Review Report of July 1, 2013, the claims administrator denied a request for Relafen, denied a request for Senna, denied a request for Zolof, denied a request for Prilosec, denied a request for Restoril, and denied a request for Suboxone. A progress note of December 16, 2013 was notable for comments that the applicant was considering spine surgery. The applicant is status post hip replacement in April 2013 and was reportedly doing well. A lumbar discectomy fusion procedure was endorsed. On August 19, 2013, the applicant was on a combination of Percocet, Soma, Mobic, and Restoril. An MRI imaging was sought at that point in time. In an earlier note of November 10, 2011, the applicant was described as disabled and not having returned to work. On June 11, 2013, the applicant was described as not presently taking anything for pain. The applicant was on Suboxone, Relafen, Colace, Zolof, Prilosec, and Restoril. The applicant did not exhibit a limp at the two-month mark of the date of surgery. Multiple medications were refilled, including Suboxone, Relafen, Senna, Zolof, Prilosec, and Restoril. The applicant was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBOXONE, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 27.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Suboxone is recommended in the treatment of opioid agonist dependence. In this case, the attending provider on an earlier note of August 7, 2012 noted that the applicant did in fact have issues with opioid dependence at an earlier point in time. When the applicant initially transferred care to his current primary treating provider, he was on Morphine Sulfate and Percocet. Suboxone was introduced for opioid dependence purposes. It has been successful and the applicant has not used other opioids, based on the information in the file. Therefore, the requested Suboxone #60 is medically necessary.

RELAFEN, #60: Overturned

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Relafen or Nabumetone is indicated in the treatment of knee arthritis, which is the issue present in this case. The attending provider has posited via a progress note of June 11, 2013 that Relafen is appropriately controlling the applicant's pain. The applicant's ability to ambulate has reportedly been ameliorated as a result of ongoing Relafen usage. Continuing the same, on balance, is indicated. Therefore, the requested Relafen #60 is medically necessary.

SENOKOT-S, #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that prophylactic treatment of constipation is indicated in applicants who are using opioids chronically. In this case, the applicant is in fact using a mixed opioid agonist-antagonist, Suboxone, chronically. Provision of a laxative along with the same is indicated, appropriate, and supported by Chronic Pain Medical Treatment Guidelines. Therefore, the requested Senokot-S #120 is medically necessary.

ZOLOFT, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: The ACOEM Guidelines state that antidepressants such as Zoloft may be helpful to alleviate symptoms of depression. In this case, the attending provider did write in an appeal letter dated July 24, 2013 that Zoloft was being employed to treat the applicant's depression, which had been present as far back as 2011, at which point the applicant was having issues with depression and suicidal ideation. The attending provider has posited that ongoing usage of Zoloft has been beneficial in terms of stabilizing the applicant's mood. Therefore, the requested Zoloft #30 is medically necessary.

PRILOSEC, #30: Overturned

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that a provision of a proton pump inhibitor such as Omeprazole is indicated in applicants who have heightened risk for gastrointestinal events. In this case, the attending provider seemingly posited on a July 24, 2013 progress note that the applicant did have a history of GI bleeding resulting in a visit to the emergency department. Ongoing usage of proton pump inhibitor, Omeprazole (Prilosec), is indicated and appropriate, particularly in light of the fact that the applicant is concurrently using an NSAID, Relafen. Therefore, the requested Prilosec #30 is medically necessary.

RESTORIL, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: The ACOEM Guidelines state that anxiolytics are only recommended for brief periods in cases of overwhelming symptoms. An anxiolytic such as Restoril is not recommended for chronic or long-term use purposes, per ACOEM. In this case, the attending provider has not furnished a rationale, narrative, or commentary that would offset the unfavorable ACOEM recommendation. Restoril is not indicated for the chronic, long-term,

and/or scheduled use purpose, which is being proposed. Therefore, the Restoril #30 is not medically necessary.