

Case Number:	CM13-0005773		
Date Assigned:	08/23/2013	Date of Injury:	08/31/2004
Decision Date:	03/31/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/01/2013

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, has a subspecialty in Interventional Spine 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. 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 patient is a 61-year-old female with a date of injury of 08/31/2004. The listed diagnoses per [REDACTED] dated 06/13/2013 are: (1) Lumbar radiculopathy, (2) chronic pain syndrome, (3) chronic pain related to insomnia, (4) myofascial syndrome, (5) neuropathic pain, (6) prescription narcotic-dependence, (7) chronic pain related depression, (8) tension headaches. According to report dated 06/13/2013, patient presents for followup. It is noted that medication reduces her pain and allows her to have better function. The patient's pain score is 6/10 today with medication and 9/10 without medication. Her pain has averaged 6/10 over the past week. Objective findings included blood pressure, pulse, respiratory, height, weight, temperature, BMI, and fat percent. No further physical examinations were noted. According to report dated 05/03/2013, patient presents with complaints of right shoulder pain and depression. It was noted the patient states her right shoulder is still severe with limited range of motion. Examination findings state "large bruises over upper left arm".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BLOODWORK TO ASSESS ORGAN FUNCTION: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: This patient presents with complaints of shoulder pain and depression. The treater is requesting blood work (organ function panel) to assess the organs following long term opioid medication use. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine CBC testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC (Complete Blood Picture) and chemistry profile including liver and renal function tests". MTUS Guideline states monitoring of CBC is recommended when patient is taking NSAIDs. In this case, the medical records show that this patient's medication regimen includes Opana, trazodone, Pristiq, Flexeril, Kava kava, Cidaflex, and Prilosec. Review of reports dated 03/13/2013 to 06/13/2013 do not show that any recent blood tests have been done. Although the patient is not taking NSAIDs, the medical records indicate that patient is a longtime opiate user with prior dependency issues. Given the chronicity of opiate use, a blood test for checking liver function is appropriate at this time. Recommendation is for approval.

1 PRESCRIPTION OF OPANA ER 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: This patient presents with complaints of right shoulder pain and depression. The treater request Opana ER 20 mg #120. Utilization review dated 07/08/2013 modified certification from #60 to #30 for weaning purposes. For chronic opiate use, the MTUS Guidelines page 88 and 89 required function documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of the 4 A's analgesia, Activities of daily living (ADLs), adverse side effects, and adverse behavior are required. Furthermore, under outcome measures, it also recommends documentation of current pain, average pain, least pain, times it takes for medication to work, duration of pain relief with medication, etc. Review of medical records dating from 03/13/2013 to 06/13/2013 shows treater documents patient's pain reduction with using this medication. However, the treater does not provide adequate documentation of this medication's efficacy in terms of functional changes as required by the MTUS. None of the reports show any significant changes in Activities of daily living (ADLs), return to work or work limitation changes and quality of life issues are not documented. It would appear that the patient is actually struggling with addiction issues as the report dated 06/13/2013 indicate that the patient has "narcotic-prescription dependence" issues. The patient should be carefully monitored for aberrant behaviors and be weaned as outlined in MTUS Guidelines. Recommendation is for denial.

1 PRESCRIPTION OF LIDODERM 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm Page(s): 56-57.

Decision rationale: This patient presents with complaints of shoulder pain and depression. The treater is requesting Lidoderm patches. The MTUS Guidelines page 112 states under Lidocaine "lidocaine patches are indicated for neuropathic pain only after trial of tricyclic antidepressants or AEDs (Anti epilepsy Drugs). It is also indicated for "localized peripheral pain." Review of medical records from 03/13/2013 to 06/13/2013 does not show that this patient suffers from neuropathic or localized peripheral pain. The patient has shoulder pain which is not indicated for Lidoderm patches. The requested Lidoderm patches are not medically necessary. Recommendation is for denial.

1 PRESCRIPTION OF TRAZADONE 50MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia

Decision rationale: This patient presents with complaints of shoulder pain and depression. The treater is requesting Trazodone as "it does allow her to sleep much better and works better than any of the other sleep medication she has used." Trazodone is classified as an anti-depressant. The MTUS Guidelines do not address this medication for insomnia but ODG guidelines support it when there is a concurrent depression diagnosis. Recommendation is for authorization.

1 PRESCRIPTION OF FLEXERIL 10MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and stress chapters.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

Decision rationale: This patient presents with complaints of shoulder pain and depression. The treating is requesting Flexeril 10 mg #90. The MTUS Guidelines page 64 states cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. MTUS does not recommend long term use of Flexeril and recommends using 3 to 4 days for acute spasms and no more than 2 to 3 weeks. The requested Flexeril 10 mg #90 is not medically necessary and recommendation is for denial.

1 PRESCRIPTION OF KAVA-KAVA #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and stress chapters.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), the Mental illness and stress section, Kava Extract.

Decision rationale: This patient presents with complaints of shoulder pain and depression. The treater is requesting kava/kave. The MTUS and ACOEM guidelines do not discuss Kava. However ODG guidelines has the following regarding Kava extract under the Mental illness and stress section, "Recommend the aqueous extract as an option, with concerns about hepatotoxicity. A systematic review of seven clinical trials testing the use of kava extract to treat anxiety found that all of the trial results suggest that kava extract is superior compared with placebo as a treatment option for anxiety. Although this patient has a diagnosis of depression the treater does not discuss concurrent anxiety symptoms. There is also lack of any documentation that this specific medication is alleviating the patient's psychiatric symptoms. MTUS page 60 require documentation of functional improvement with medications used for chronic pain. Recommendation is for denial.

1 PRESCRIPTION OF CIDAFLEX #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: This patient presents with complaints of shoulder pain and depression. The treater is requesting Cidaflex #90. The MTUS Guidelines page 50 has the following regarding glucosamine "recommended as an option given its low risk in patients with moderate arthritis pain especially for knee osteoarthritis." In this case, the patient has shoulder pain which Cidaflex is not indicated for. The requested Cidaflex is not medically necessary and recommendation is for denial.

1 PRESCRIPTION OF MEDROX PATCHES #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Drug.Com , Medrox.

Decision rationale: This patient presents with complaints of shoulder pain and depression. The treater is requesting Medrox patches. The MTUS, ACOEM, and ODG Guidelines do not discuss Medrox patches specifically. The MTUS Guidelines does discuss topical agents on page 111

which states "it is largely experimental in which few randomized control trials to determine efficacy or safety, any compounded product that contains at least one drug or drug class that is not recommended is not recommended." In addition, Drug.Com states Medrox is a compound topical analgesic including methyl salicylate 20%, menthol 7% and capsaicin 0.050%. The MTUS allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS considers doses that are higher than 0.025% to be experimental particularly in high dosages of capsaicin. Medrox contains 0.050% of capsaicin which is not supported by MTUS Guidelines. Therefore, the entire compound is not recommended.

1 PRESCRIPTION OF PRILOSEC 20MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI and Cardiovascular Risk Factors, Omeprazole.

Decision rationale: This patient presents with complaints of shoulder pain and depression. Treater has requested Prilosec 30 mg #30. The MTUS Guidelines states omeprazole is recommended with precautions as indicated below: 1) Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 2) Determine if the patient is at risk for gastrointestinal events (3) age is less than 65 years, (4) history of peptic ulcer, GI bleeding, or perforation (5) concurrent use of Acetylsalicylic acid (ASA), corticosteroids and/or an anticoagulant or for high dose/multiple NSAID (Non Steroidal Anti-inflammatory Drugs). In this case, the treater does not provide any GI risk assessment. There is no mention of gastric irritation or pain or peptic ulcer history, no concurrent use of ASA, etc. In addition, the patient is not noted to be taking any NSAIDs. The requested Prilosec is not medically necessary and recommendation is for denial.