

Case Number:	CM13-0018176		
Date Assigned:	10/11/2013	Date of Injury:	08/06/2003
Decision Date:	01/03/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/29/2013

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 & 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.

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 IMR application shows the date of injury as 8/6/03, and there is a dispute with the 8/8/13 UR decision. The 8/8/13 UR decision is from CID in response to the 8/3/13 medical report and allows OxyContin, a consult at the [REDACTED] and Liver/Kidney/arthritis panel, and modifies the Opana IR 10mg #180 to #45; and denies use of Lyrica, Protonix, Prevacid, and Abilify. This is a 56 YO, male with a 8/6/03 industrial injury. He has chronic neck and left upper extremity pain. He has partial amputation of the left hand including the 3rd through 5th fingers. He developed phantom limb pain and CRPS and depression. RECORDS: 8/3/13 PR2, [REDACTED] (PM&R, Pain management) handwritten, appears to say "not feeling well" "Pain Meds don't work as well. _(illegible) "still taking Zoloft continually" "holding arm shivering, AC too cold, pain level 8-9/10" "Voltaren gel helps" "Stomach still _(illegible)" Objective: very flat affect, depressed, tired looking. Thinner mildly cachectic lost 20 lbs, has no apparent appetite. "finally got new wraps" Diagnoses: "we are not doing well here, _(illegible) to pain meds" (illegible) Plan: send to Stanford pain clinical. Start on Abilify. [REDACTED] [REDACTED] locally, no solution. 7/30/13 [REDACTED] Slight improvement, but feels depressed. He sees a pain management Dr for physical problems. He thinks overall the medications are helping but sometimes they are not authorized and he has financial trouble to try to cover them himself. Assessment: PTSD. Procedure: CBT, Zoloft 200mg daily, Lyrica 150mg at bedtime, Xanax 0.5mg when necessary for anxiety. Ambien 10mg at bedtime when necessary for insomnia, 7/9/13 [REDACTED], pain meds working, his pain stays 4/10 and without meds, it is 9/10. His pain is mainly the left hand all the way to the neck. His is recovering from the repairs of CTS. Today we have partial amputation of the left hand. He still has phantom pain with chronic CTS bilateral

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg # 180: Overturned

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

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

Decision rationale: The records show the patient has been using Opana IR since 2012. The MTUS section for Long-term users of opioids (6-months or more) applies. In the medical reports leading up to 8/3/13, [REDACTED] has reported a satisfactory response to treatment showing the medications dropping the pain levels over 50%, from 9/10 down to 4/10 on 7/9/13, and from 7-9/10 to 3/10 on 6/6/13. MTUS states "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" MTUS also states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." [REDACTED] has met the MTUS reporting criteria. MTUS states for "Strategy for maintenance", Do not attempt to lower the dose if it is working. It appears that the Opana IR is directly in accordance with MTUS guidelines. The request for 1 prescription of Opana IR 10mg #180 is medically necessary and appropriate.

Lyrica 225mg # 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18, 19-20.

Decision rationale: Lyrica is an anti-epilepsy drug (AED). MTUS states AEDs are recommended for neuropathic pain. The patient is reported to have neuropathic pain with CRPS and phantom limb, as well as nociceptive pain from shoulder arthritis. The physician noted the medications helped bring the pain levels down over 50%. The use of Lyrica appears to be directly in accordance with MTUS guidelines. The request for 1 prescription of Lyrica 225mg #60 is medically necessary and appropriate.

Protonix 40mg # 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/protonix.html>.

Decision rationale: The patient does not meet the MTUS criteria for GI risk factors. The patient does not appear to be using an NSAID, so the MTUS guidelines for risk with NSAIDs do not seem to apply. The physician states the Protonix was provided because the patient had an upset stomach. There was no history or mention of GERD or heartburn symptoms as per the FDA /boxed label indications. FDA does not list stomach upset or dyspepsia as an indication. The request does not appear to be in accordance with the label indications for Protonix. The request for 1 prescription of Protonix 40mg #30 is not medically necessary and appropriate.

Prevacid 30mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: There was no rationale provided for Prevacid, The patient is not reported to have GERD, and does not use an NSAID, or have any of the MTUS risk factors for GI events. The request does not appear to be in accordance with MTUS guidelines. The request for 1 prescription of Prevacid 30mg #30 is not medically necessary and appropriate.

Abilify 5mg # 21: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), mental/stress chapter, atypical antipsychotics.

Decision rationale: The patient was seeing a psychiatrist that had him on Zoloft. Despite this, about 4-days later, he presented to [REDACTED] office with a more depressed mood. [REDACTED] added Abilify to the Zoloft to see if it would help. MTUS, ACOEM, guidelines do not discuss Abilify. ODG states it is not recommended as a first-line treatment, and refers readers to the atypical antipsychotic section. ODG states these are sometimes used off-label for conditions other than the FDA approved schizophrenia and bipolar disorder. ODG states there is insufficient evidence to atypical antipsychotics for conditions covered in ODG. ODG states there is little benefit with adding this to an antidepressant, and the improved function is small to nonexistent, and it has an uncertain benefit-to-risk profile. The request for Abilify does not appear to be in accordance with ODG recommendations. The request for 1 prescription of Abilify 5mg #21 is not medically necessary and appropriate.