

Case Number:	CM13-0020372		
Date Assigned:	10/11/2013	Date of Injury:	11/23/1998
Decision Date:	04/17/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/05/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 patient is a 60-year-old female who reported injury on 11/23/98. The mechanism of injury was not provided. The patient's diagnoses include lumbar post laminectomy syndrome, depression, and anxiety. The patient's medication history as of August 2012 included AcipHex, Duragesic, Hytrin, Imitrex, Inderal, Senokot, Actiq, Topamax, Cymbalta, Silenor, Norco, Colace, ranitidine, and muscle relaxants. The documentation from 7/24/13 stated that the patient's pain level was unchanged from the last visit. The patient had no new problems or side effects. The patient's quality of sleep was poor. The patient's activity level remained the same, and the patient was noted to be taking her medications as prescribed. The patient indicated that the medications were less effective, but they were somewhat helpful to decrease the pain and increase functional status. The patient indicated that she had sweating and stomach problems from the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF ACIPHEX TAB 20MG:

Upheld

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

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

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors as appropriate treatment for dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated that the patient was taking Aciphex for GI upset caused by other pain medications. The patient indicated that, by taking this, the nausea was significantly decreased. The patient was taking the medication for more than one year. Per the submitted request, there was a lack of documentation indicating the quantity of medications being requested. Given the above, the request is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF DURAGESIC DIS 100MCG/H: Upheld

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): 44, 78, 86.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120mg oral morphine equivalents per day. The patient had been taking the medication for more than one year. The clinical documentation submitted for review failed to indicate an objective decrease in the VAS score and an objective improvement in function. It was indicated that the patient's pain medication regimen was helpful to decrease pain and increase functional status. The request as submitted failed to indicate the quantity of medication being requested. Additionally, due to the lack of quantity being indicated, there was a lack of documentation to support that the patient was not exceeding 120mg oral morphine equivalents per day. Given the above, the request is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF FENTANYL OT LOZ 1200 MCG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 78, 86.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120mg oral morphine equivalents per

day. The patient had been taking the medication for more than one year. The clinical documentation submitted for review failed to indicate an objective decrease in the VAS score and an objective improvement in function. It was indicated that the patient's pain medication regimen was helpful to decrease pain and increase functional status. The request as submitted failed to indicate the quantity of medication being requested. Additionally, due to the lack of quantity being indicated, there was a lack of documentation to support that the patient was not exceeding 120mg oral morphine equivalents per day. Given the above, the request is not medically necessary

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF HYDROCODONE/APAP 10/325MG: Upheld

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): 60, 78, 86.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120mg oral morphine equivalents per day. The patient had been taking the medication for more than one year. The clinical documentation submitted for review failed to indicate an objective decrease in the VAS score and an objective improvement in function. It was indicated that the patient's pain medication regimen was helpful to decrease pain and increase functional status. The request as submitted failed to indicate the quantity of medication being requested. Additionally, due to the lack of quantity being indicated, there was a lack of documentation to support that the patient was not exceeding 120mg oral morphine equivalents per day. Given the above, the request is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF PROPRANOLOL CAPSULE 80MG ER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/propranolol.html>

Decision rationale: Per Drugs.com, propranolol is used to reduce the severity and frequency of migraine headaches. The clinical documentation submitted for review indicated that the patient used propranolol for migraine prophylaxis and that, without it, the patient would have migraines 3-4 times a week; however, there was a lack of documentation of the quantity of the medication being requested. Given the above, the request is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF SILENOR TAB 3MG:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and the National Institute of Health

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

Decision rationale: The Official Disability Guidelines recommend non-benzodiazepine sedative hypnotics as a first line medication for insomnia. However, the patient had been taking the medication for greater than one year and had continued complaints of difficulty sleeping. There was a lack of documentation indicating the efficacy and functional benefit of the medication. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF SUMATRIPTAN SPR

20MG/ACT: Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend triptans for migraine sufferers. The clinical documentation submitted for review indicated the patient was taking both the tablet and nasal spray. The patient was utilizing the nasal spray when nausea from the migraine so intense that she could not take the tablets. The patient indicated that, with the help of the medications, the headaches lasted for an hour and a half versus two days. The patient had been taking the medication for more than one year. There was a lack of documentation indicating the functional benefit received from the medication. The request as submitted failed to indicate the quantity of the medication being requested. Given the above, the request is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF SUMATRIPTAN TAB

100MG: Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend triptans for migraine sufferers. The clinical documentation submitted for review indicated the patient was taking both the tablet and nasal spray. The patient was utilizing the nasal spray when nausea from the migraine so intense that she could not take the tablets. The patient indicated that, with the help of the medications, the headaches lasted for an hour and a half versus two days. The patient had been taking the medication for more than one year. There was a lack of documentation indicating the functional benefit received from the medication. The request as submitted failed to indicate the quantity of the medication being requested. Given the above, the request is not medically necessary

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TERAZOSIN CAPSULE

1MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/terazosin.html>

Decision rationale: Drugs.com indicates that Terazosin is in a group of drugs called alpha adrenergic blockers. They are indicated as used to treat high blood pressure. The physician indicated the patient was using the medication for sweating from the Duragesic. The patient had been taking the medication for more than one year. It was indicated that the patient continued to have sweating despite tapering the Duragesic. As such, there was a lack of documentation indicating the medication was efficacious. The request as submitted failed to indicate the quantity of the medication being requested. Given the above, the request is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TIZANIDINE CAP 4MG:

Upheld

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): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than three weeks. There should be documentation of objective functional improvement. The patient was noted to have been taking muscle relaxants for a duration of greater than one year. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the quantity of the medication being requested. Given the above, the request is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TOPAMAX TAB 50MG:
Upheld

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): 16.

Decision rationale: The California MTUS guidelines recommend antiepileptic medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain and an objective functional improvement. The patient had been taking the medication for more than one year. The clinical documentation submitted for review indicated that the patient used Topamax for migraine prophylaxis and that, without it, the patient would have migraines 3-4 times a week; however, there was a lack of documentation of the quantity of the medication being requested. Given the above, the request is not medically necessary.