MAXIMUS Federal Services

Case Number:	CM13-0023425		
Date Assigned:	11/15/2013	Date of Injury:	08/24/2007
Decision Date:	02/12/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/12/2013

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 Rehabiliation, 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 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 54-year-old female who reported a work-related injury on 8/24/07. The mechanism of injury was not provided. The patient was noted to have pain and sleep issues that had gotten worse. The physician's note indicated that the office visit was for refills of the same pain and depression medications, with the addition of one medication, Dexamethasone. The patient's diagnoses were noted to be failed spine surgery, cervicalgia, and cervical radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin: 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): 75, 78.

Decision rationale: California MTUS guidelines recommend long-acting opioids (Oxycontin) for around the clock pain relief, but indicate it is not for "as needed" use. The California MTUS recommends that there should be documentation of the 4 A's for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120mg oral morphine

equivalents per day, and, for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Clinical documentation indicated that the patient was taking Oxycontin 80mg twice a day; combined with the requested medication, the oral morphine equivalents could be as high as 420, depending on how many tablets were taken at once. Clinical documentation failed to provide documentation of the 4 A's. Additionally, it failed to provide the necessity for exceeding guideline recommendations for oral morphine equivalents of 120mg per day. There was a lack of documentation per the submitted request for the strength and quantity of pills being requested. Given the above, the request is not medically necessary.

Oxycodone: 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): 75,78.

Decision rationale: The California MTUS guidelines recommend Oxycodone for controlling chronic pain and often for intermittent or breakthrough pain. The MTUS recommends that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The patient is taking Oxycodone 30mg 1-3 tablets every four hours as needed; combined with the requested medication, the oral morphine equivalents could be as high as 420, depending on how many tablets were taken at once. There was a lack of documentation indicating the 4 A's to support ongoing usage. The request as submitted failed to indicate the quantity or strength of the medication per the submitted request. There was a lack of documentation of exceptional factors to warrant exceeding the 120mg of oral morphine equivalents. Given the above, the request is not medically necessary.

Xanax: 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 Page(s): 24.

Decision rationale: The California MTUS guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks, and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. Clinical documentation submitted for review indicated that the patient has been taking this medication long-term and there is a lack of documentation for the necessity usage. There was a lack of documentation of efficacy and

functional benefit of the medication, and necessity for two medications in the same family, as Klonopin is being concurrently reviewed. There was a lack of documentation indicating quantity and strength of the medication per the submitted request. Given the above, the request is not medically necessary.

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

Decision rationale: The Official Disability Guidelines indicate that Ambien is for the short-term treatment of insomnia, generally 2-6 weeks. Clinical documentation submitted for review indicated that the patient has been on this medication long-term. There was a lack of documentation indicating the efficacy of the requested medication and the necessity for ongoing long-term treatment. There was also a lack of documentation indicating the quantity and strength of the medication per the submitted request. Given the above, the request is not medically necessary.

Abilify: 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 Official Disability Guidelines (ODG)

Decision rationale: Abilify is an antipsychotic medication; these medications are the first-line psychiatric treatment for schizophrenia. Clinical documentation submitted for review indicated the patient had depression, but there is insufficient evidence to recommend an antipsychotic for this condition. Furthermore, there was lack of documentation of the efficacy of the requested medication, as well as a lack of documentation indicating the quantity and strength of the medication requested. Given the lack of documentation of the efficacy and the necessity, the rationale for the use of the medication, the request is not medically necessary.

Klonopin: 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 Page(s): 24.

Decision rationale: The California MTUS guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks, and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. Clinical documentation submitted for review indicated that the patient has been taking this medication long-term and there is a lack of documentation for the necessity usage. There was a lack of documentation of efficacy and functional benefit of the medication, and necessity for two medications in the same family, as Xanax is being concurrently reviewed. There was a lack of documentation indicating quantity and strength of the medication per the submitted request. Given the above, the request is not medically necessary.

Dexamethasone: 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 Page(s): 37.

Decision rationale: The California MTUS indicates that corticosteroids can be used in the treatment of patients with complex regional pain syndrome (CRPS). There was a lack of documentation of the patient having CRPS; as such secondary guidelines were sought. The Official Disability Guidelines indicate that the use of oral corticosteroids include the following criteria: (1) patient should have clear-cut signs and symptoms of radiculopathy; (2) risk of steroids should be discussed with the patient and documented in the record; (3) the patient should be aware of the evidence that research provides limited evidence of effect with this medication and should be documented in record; (4) current research indicates early treatment is most successful - treatment in the chronic phase of injury should be generally after a symptom-free period with a subsequent exacerbation or when there is evidence of a new injury. Clinical documentation submitted for review failed to meet the above criteria. A thorough objective physical examination was not provided on the visit requesting the medication. There was a lack of documentation of the rationale for the use of this medication and the quantity and strength of the medication requested was not given. Given the above, the request is not medically necessary.