

Case Number:	CM13-0029241		
Date Assigned:	11/01/2013	Date of Injury:	11/01/1995
Decision Date:	01/02/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/24/2013

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 injury date as 11/1/1995 and the 9/11/13 UR decision is disputed. The 9/11/13 UR decision letter is by CID in response to the 8/12/13 medical report, and CID is allowing Suburex, but denying use of Opana ER, Opana IR; Kava kava; trazodone; Flector patch; pritiq; and Norco. CID states that Dr Smith's assistant retracted the request for Opana IR, Kava Kava, trazodone, Flector patches, Pristiq and Norco. The Suburex was a one-time prescription to prevent withdrawal from the discontinued Opana ER and IR from the prior month. This is a complicated case. The patient is a 60 YO, 5'3", ~190 lbs, female apparently with several industrial injury claims. The records show current treatment for a 11/1/1995 injury to the left shoulder and bilateral wrists, a 8/31/04 injury to the right shoulder with depression/mental, a 11/1/2000 injury to the lumbar spine, bilateral hips, legs and depression. The most recent surgery was on 2/14/13, under her 11/1/95 left shoulder claim. This IMR appears to pertain to the 11/1/1995 claim, but the medications were retracted by the physician, apparently because they are appealed on some of the other claims. RECORDS: 10/3/13 PR2, Dr Smith, date of injury is 11/1/1995, accepted body parts are left shoulder and bilateral wrists. She is here for the left shoulder and bilateral wrist claim, but her main complaint is the low back and radiating pain to the legs. 8/10 pain, without medications, it is 10/10. 9/17/13 PR2 from Dr Smith states the right shoulder and depression are the accepted body parts. For the 8/31/04 industrial injury. right shoulder pain is 2/10 with medications, 7/10 without. Meds include Opana ER, IR, Lidoderm, trazodone, Pristiq, Flexeril, Kava Kava, Cidaflex, Medrox, Prilosec 8/20/13 ortho eval, left shoulder for 11/1/1995 injury. Surgery was on 2/14/13 for acromioplasty and RCR. DX; left shoulder strain, left RC tear, neck strain, lumbar radiculopathy, chronic pain syndrome, myofascial

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20 mg #60: Overturned

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

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

Decision rationale: I am asked to review for medical necessity for Opana ER that was requested on 8/12/13, despite the physician's office retracting the request on UR peer-to-peer. UR denied Opana because the physician retracted the request. Despite that, I am asked to review the medical records provided to see if it is medically necessary anyway. The medical records show the physician is trying to manage several industrial injury claims involving multiple body regions with some overlap in accepted body regions and treatment. Considering the whole person, she has injuries to both upper extremities, both lower extremities, and the lower back. She would also still be in the post-surgical physical medicine treatment timeframe for her 2/14/13 shoulder surgery. All of the medical reports documented pain levels and have shown significant improvement with use of the medications. The physician specifically reported the opana ER and IR combination worked the best out of Nucynta, Exalgo and Dilaudid. She was reported to have a 50% reduction in pain with Opana. According to MTUS, this is a satisfactory response. Nothing in MTUS requires discontinuing treatment if there is a satisfactory response. Therefore, even though, the request for Opana was retracted by the PTP, it was medically necessary and in accordance with MTUS guidelines. The request for 1 prescription of Opana ER 20mg #60 is medically necessary and appropriate.

Opana ER 10 mg. #120: Overturned

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

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

Decision rationale: I am asked to review for medical necessity for Opana ER that was requested on 8/12/13, despite the physician's office retracting the request on UR peer-to-peer. UR denied Opana because the physician retracted the request. Despite that, I am asked to review the medical records provided to see if it is medically necessary anyway. The medical records show the physician is trying to manage several industrial injury claims involving multiple body regions with some overlap in accepted body regions and treatment. Considering the whole person, she has injuries to both upper extremities, both lower extremities, and the lower back. She would also still be in the post-surgical physical medicine treatment timeframe for her 2/14/13 shoulder surgery. All of the medical reports documented pain levels and have shown significant improvement with use of the medications. The physician specifically reported the opana ER and IR combination worked the best out of Nucynta, Exalgo and Dilaudid. She was reported to have

a 50% reduction in pain with Opana. According to MTUS, this is a satisfactory response. Nothing in MTUS requires discontinuing treatment if there is a satisfactory response. Therefore, even though, the request for Opana was retracted by the PTP, it was medically necessary and in accordance with MTUS guidelines. The request for 1 prescription of Opana IR 10mg #120 is medically necessary and appropriate.

Kava-Kava #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): s 8-9.

Decision rationale: The use of Kava Kava is not in accordance with MTUS. First, because there was no reporting on functional improvement. Secondly, this is a supplement, not a drug, and therefore is not FDA approved to treat any medical condition. The request for 1 prescription of Kava-Kava #90 is not medically necessary and appropriate.

Trazadone 50 mg #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), Mental Illness and Stress, Trazadone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): s 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress and Mental Chapter, Trazadone.

Decision rationale: I am asked to review for medical necessity for Trazodone that was requested on 8/12/13, despite the physician's office retracting the request on UR peer-to-peer. UR denied Trazodone because the physician retracted the request. Despite that, I am asked to review the medical records provided to see if it is medically necessary anyway. The medical records show the physician is trying to manage several industrial injury claims involving multiple body regions with some overlap in accepted body regions and treatment. Considering the whole person, she has injuries to both upper extremities, both lower extremities, pain related depression and pain related insomnia and the lower back pain. The physician notes that trazodone was used to help with the patient's insomnia. MTUS has general recommendations for antidepressants for chronic pain, but does not specifically address trazodone, particularly for sleep. The ODG guidelines for trazodone are more specific, and state trazodone is recommended as an option for insomnia with patient with coexisting mild psychiatric symptoms. This appears to fit the patient's overall presentation. The use of trazodone is in accordance with ODG guidelines, and would be considered medically necessary despite the PTP retracting the request. The request for 1 prescription of Trazadone 50mg #60 is medically necessary and appropriate.

Flector Patch 1.3% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-113.

Decision rationale: For topical NSAIDs, MTUS states: " These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The medical reports do not state where or why she uses the Flector patches. I cannot tell whether or not she is using the Flector patches on a joint that is amenable to topical treatment, and that it was used for osteoarthritis or tendinitis. The request cannot be confirmed to be in accordance with MTUS guidelines. The request for 1 prescription of Flector Patch 1.3%#60 is not medically necessary and appropriate.

Pritiq 50 mg #30: Overturned

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 Antidepressants for chronic pain Page(s): s 13-16.

Decision rationale: MTUS recommends antidepressants for neuropathic and possible non-neuropathic pain. She has tried AEDs gabapentin, Topamax, and Celexa. She is reported to have depression, as well as both neuropathic and non-neuropathic pain. The use of Pritiq would appear to be in accordance with MTUS guidelines. The request for 1 prescription of Pritiq 50mg #30 is medically necessary and appropriate.

Norco 10/325 mg #120: 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 Long-term Opioid Page(s): 88-89.

Decision rationale: The 8/12/13 report from Dr Smith, states the patient's left shoulder pain is managed with Norco, but it was not helping on the pain from the other claims. Pain was currently 3/10, but was 10/10 without medications. MTUS states a satisfactory response can be the patient's decrease in pain. This is a satisfactory response. The use of Norco appears to be in

accordance with MTUS guidelines, despite being retracted by the PTP. The request for 1 prescription of Norco 10/325mg #120 is medically necessary and appropriate.

Suburex 8mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: I have been asked to review for medications that were retracted by the PTP, and now I am asked to review for a medication that UR has already found to be medically necessary and authorized. On the UR peer-to-peer, the PTP's office told UR that this was a one-time prescription to prevent the withdrawal symptoms that the patient was having from having the Opana ER and Opana IR cut off. The patient was reported to have opiate dependence. The use of Subutex appears to be in accordance with MTUS. The request for 1 prescription of Suburex 8mg #30 is medically necessary and appropriate.