

Case Number:	CM13-0030121		
Date Assigned:	11/27/2013	Date of Injury:	11/01/1995
Decision Date:	01/21/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/27/2013

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 Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease and is licensed to practice in Texas. 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 60-year-old female, who reported an injury on 11/01/1995. The mechanism of injury was not provided in the medical record. The most recent clinical note dated 11/25/2013 reported the patient presented with complaints of right shoulder pain that is worse with cold weather. The urine drug screen done on 11/04/2013 was reviewed and was consistent with the patient current medication regimen except, Trazadone was not traced in the specimen, which did not coincide with the patient prescribed dose of Trazadone every night. The patient was also said to have pain related depression and chronic pain caused insomnia. The patient continued to have complaints of pain 8/10. The medications being taken were Opana ER 40mg twice a day, Opana 10mg every 6 hours, Lidoderm 5% patch topically every 12 hours, Trazadone 50mg 2 tabs every night at bedtime, Pristiq 50mg once daily, Flexeril 10mg three times a day, Kava-Kava three times a day, Cidaflex 2 in the morning and 1 at night, Prilosec 20mg 1 daily, Sintralyn 1-2 at bedtime, and Keto/Gaba/Lido ointment apply topically 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Pain (Chronic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93 and 78.

Decision rationale: The Chronic Pain Guidelines recommend that doses are individually titrated in increments of 5 to 10mg every 12 hours for 3 to 7 days. The patient has been taking the requested medication for longer than the recommended time frame. 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. There is no clinical documentation of the patient's activities of daily living, adverse side effects, or the response to the medication. The patient's pain remained severe at 8/10 even prescribed the requested medication. The request for Opana ER 20mg #60 is non-certified.

prescription of Opana IR 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93 and 78.

Decision rationale: The Chronic Pain Guidelines indicate that for long-term opioid use, 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. The documentation provided lacks evidence to support the long-term necessity of Opana IR. As such, the request for Opana IR 10mg #120 is non-certified.

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 Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness and stress, Kava extract (for anxiety).

Decision rationale: The Official Disability Guidelines indicate that Kava extract is recommended as an option to treat anxiety, with concerns about hepatotoxicity. There was no clinical evidence presented in the medical record to support the patient's need for treatment of anxiety. There was no diagnosis of anxiety, and no discussion by the patient and/or physician during clinical visit suggesting anxiety was an issue. As such, the request for Kava-Kava #90 is non-certified.

prescription of Trazodone 50mg #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, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness and stress, Trazadone (Desyrel).

Decision rationale: The Official Disability Guidelines recommend Trazadone as an option for insomnia, only for patients with potentially co-existing mild psychiatric symptoms such as depression or anxiety. It says there is limited evidence to support its use for insomnia, but it may be an option in patients with co-existing depression. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of Trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone, especially if the insomnia is not accompanied by co-morbid depression or recurrent treatment failure. The clinical information submitted did not detail other pharmacologic treatments had been tried prior to Trazadone. Also, the documentation noted the patient continued to complain of insomnia with this medication, which would not support continuation at this time. As such, the request for Trazadone 50mg #60 is non-certified.

prescription of 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 (Chronic).

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

Decision rationale: The Official Disability Guidelines indicate that Flector Patches are not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. There is no clinical documentation of attempts or failure of any other oral non-steroidal anti-inflammatory drugs (NSAIDs) provided in the medical record, thus no supportive reasoning for the need for the requested medication. The patient's response was not provided to support the efficacy and support continuation at this time. As such, the request for Flector Patch 1.3% #60 is non-certified.

prescription of Pristiq 50mg #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, Mental Illness & Stress and the Official Disability Guidelines, Pain (Chronic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness and stress, Desvenlafaxine (Prestiq).

Decision rationale: The Official Disability Guidelines indicate that Pristiq is recommended for depression, and as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Pristiq (desvenlafaxine) is a serotonin and norepinephrine reuptake inhibitor (SNRI). The medication requested is to treat pain related depression. The clinical information noted the patient was diagnosed with depression and chronic pain; however, it did not provide objective documentation of improvement with the use of this medication to support continued use. The request for Pristiq 50mg #30 is non-certified

prescription of Subutex 8mg #30: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that buprenorphine is recommended for the treatment of opiate addiction, and is also recommended as an option for chronic pain, especially after detoxification in patients with a history of opiate addiction. There is no clinical information provided in the medical record to support that there is opioid dependence by the patient. There was not sufficient clinical information provided to support the need for the requested medication. As such, the request for Subutex 8mg #30 is non-certified.