

Case Number:	CM13-0038427		
Date Assigned:	12/18/2013	Date of Injury:	05/22/2009
Decision Date:	07/28/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/25/2013

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 62 year old male who was injured in a motor vehicle accident on 5/22/09. After the accident, he was diagnosed with carpal tunnel syndrome, post-traumatic head syndrome, cubital tunnel syndrome, cervical radiculopathy, mood disorder, and chronic neck and back pain. He was treated with physical therapy, oral analgesics, TENS unit, muscle relaxants, chiropractor treatments, sleep aids, anti-epileptics, and surgery (cervical and left elbow). He was also being prescribed medications for his hypertension (Lisinopril, terazosin) which were unrelated to his injuries. He was referred to a pain specialist for medical management. The worker was seen by his pain specialist physician on 6/14/13 reporting constant severe low back pain radiating up to mid back as well as off and on neck pain radiating downwards to his legs. He also reported ongoing insomnia, stress, and anxiety. On physical examination, his cervical spine and lumbar spine were tender with muscle spasms with a positive straight leg raise test. He reported using MsContin, Prilosec 20 mg, Norco, Soma, and Ambien, and he was recommended to continue these.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE 30 MG, #90: 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 Opioids pp Page(s): 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg or oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. The worker in this case was prescribed much more than the recommended dosing for opioids (195 mg morphine equivalents). Although the worker is now seeing a pain specialist, there is no reason to continue the opioids (oxycodone, hydrocodone, and morphine) altogether at the doses requested. No evidence was seen for either of these medications for functional or quantifiable pain benefit in order to justify continuation at the current doses. From the records, it appears that the doses were effectively being reduced as well, below the requested frequencies of their use (morphine, hydrocodone). Therefore, the Morphine is not medically necessary.

ZOLPIDEM TARTRATE 10 MG, #30: 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), Pain section, Zolpidem (Ambien) AND Insomnia section.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics, such as Zolpidem, are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, he had been prescribed and using this medication for much longer than the recommended duration for insomnia. Therefore, the Zolpidem is not medically necessary.

LISINAPRIL 40 MG, #30: 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 Other Medical Treatment Guideline or Medical Evidence: Medscape: Lisinopril (<http://reference.medscape.com/drug/prinivil-zestril-lisinopril-342321>).

Decision rationale: The MTUS Guidelines do not discuss lisinopril. Lisinopril is a medication prescribed for hypertension, heart failure, diabetic nephropathy, and myocardial infarction. The worker in this case has hypertension, but this condition is not related to his injury and should be prescribed by his internal medicine or family medicine physician separately. Therefore, as it is being requested right now by his pain specialist, it is not medically necessary.

TERAZOSIN HCL 10L, #30: 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 Other Medical Treatment Guideline or Medical Evidence: Medscape: Terazosin (<http://reference.medscape.com/drug/hytrin-terazosin-342348>).

Decision rationale: The MTUS Guidelines do not discuss Terazosin. Terazosin is a medication prescribed for hypertension or benign prostate hyperplasia. The worker in this case has hypertension, but this condition is not related to his injury and should be prescribed by his internal medicine or family medicine physician separately. Therefore, as it is being requested right now by his pain specialist, it is not medically necessary.

HYDROCODONE/ACETAMINOPHEN 10/325 MG, #180: 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 Opioids Page(s): 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg or oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. The worker in

this case was prescribed much more than the recommended dosing for opioids (195 mg morphine equivalents). Although the worker is now seeing a pain specialist, there is no reason to continue the opioids (oxycodone, hydrocodone, and morphine) altogether at the doses requested. No evidence was seen for either of these medications for functional or quantifiable pain benefit in order to justify continuation at the current doses. From the records, it appears that the doses were effectively being reduced as well, below the requested frequencies of their use (morphine, hydrocodone). Therefore, the Hydrocodone/Acetaminophen 10/325 mg is not medically necessary.

OXYCODONE HCL 10 MG, #90: 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 Opioids Page(s): 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg or oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. The worker in this case was prescribed much more than the recommended dosing for opioids (195 mg morphine equivalents). Although the worker is now seeing a pain specialist, there is no reason to continue the opioids (oxycodone, hydrocodone, and morphine) altogether at the doses requested. No evidence was seen for either of these medications for functional or quantifiable pain benefit in order to justify continuation at the current doses. From the records, it appears that the doses were effectively being reduced as well, below the requested frequencies of their use (morphine, hydrocodone). Therefore, the Oxycodone HCL 10 mg is not medically necessary.

CARISOPRODOL 350 MG, #60: 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 Muscle relaxants pp. 63-66, and Carisoprodol p. 29 Page(s): 29.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that Carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of Carisoprodol. In the case of this worker, he had been using Carisoprodol for many months or more, which is longer than the recommended duration of use. Therefore, it is not medically necessary.