

Case Number:	CM13-0047681		
Date Assigned:	12/27/2013	Date of Injury:	09/01/2002
Decision Date:	03/20/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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 Rehabilitation 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 56-year-old female who reported an injury on September 01, 2002. The mechanism of injury was not provided for review. The patient ultimately underwent anterior fusion and posterior fusion from C4 to C7 levels. The patient's postsurgical chronic pain was managed with multiple medications. The patient's most recent clinical examination findings revealed the patient's pain levels were reduced from 8/10 to 10/10 to 4/10 to 5/10 with medication usage. The patient's medications included Opana ER 40mg, Opana IR 10mg, benazepril 40mg, Prempro 0.3/1.5mg, amlodipine 5mg, sertraline 100mg, Flonase, clonazepam, bupropion, Lunesta, Amitiza, meloxicam, oxymorphone, Soma, and Nuvigil. The patient's treatment plan included continuation of medications, a spinal cord stimulator trial, and a psychiatric referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Amitiza 24mcg two (2) times per day, #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 Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do recommend the use of medications to prevent constipation for patients who are on chronic opioid therapy. The clinical documentation submitted for review does provide evidence that the patient is on chronic opioid therapy. However, the patient's most recent clinical evaluation indicates the patient continues to have complaints of nausea, diarrhea, or constipation from medications. Therefore, the efficacy of this medication is not established and continued use would not be supported. As such, the requested Amitiza 24mcg, two (2) times per day is not medically necessary or appropriate.

The request for Topical Lidoderm 5%, two (2) by mouth daily: 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 Topical Analgesics Page(s): 111.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do recommend the use of topical Lidoderm patches when the patient has failed to respond to first-line treatments. However, the request as it is written is for this to be taken orally which would not be medically appropriate. As such, the requested topical Lidoderm 5% two (2) by mouth every day is not medically necessary or appropriate.

The request for Oxymorphone 10mg, two hundred and ten (210) tablets for seventeen (17) days: 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, Dosing Page(s): 86.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends a morphine equivalent dosage of 120mg. The requested medication exceeds this recommendation. Additionally, the clinical documentation does not support that the patient has any functional benefit from the medication usage. As such, the requested oxymorphone 10mg, #210 tablets for 17 days is not medically necessary or appropriate.