MAXIMUS Federal Services

Case Number:	CM13-0052536		
Date Assigned:	12/27/2013	Date of Injury:	08/01/2009
Decision Date:	06/02/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 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 patient is a 46-year-old male with a date of injury of 08/01/2009. The listed diagnoses per [redacted] are: 1. Total body pain. 2. Valley fever. 3. Right shoulder impingement syndrome. 4. Right shoulder pain. 5. Fibromyalgia. 6. Chronic pain syndrome. 7. Chronic pain related insomnia. 8. Neuropathic pain. According to report dated 10/11/2013, the patient presents with muscle and joint pain and complaints of headaches. The patient's pain score is 7/10 on the day of examination and averaged 8/10 over the preceding week. Without pain medications, the patient's pain score is 10/10, and with medications, the score reduces to 6-7/10. It was noted the patient had a UDS on 07/18/2013 which was consistent with the medications prescribed. Physician states the patient continues to do poorly. He is unable to obtain Anzemet because there is "issue with the manufacturer." Physician would like to start him on sublingual Zofran to help with the nausea and vomiting. Physician recommends UDS and refill of medications. The patient's current medication regimen includes Topamax, Lidoderm patch, Lactulose, Trazodone, Opana ER 40 mg, Roxicodone 30 mg, Prilosec 20 mg, baby aspirin 81 mg, Cozaar 25 mg, Flomax 0.4 mg, Pristiq 50 mg, Seroquel, and start Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with muscle and joint pain and complaints of headaches. The treater is requesting a urine drug screen for medication compliance and to identify possible drug diversion. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low risk patients. In this case, medical records document the patient had a drug screen on 07/18/2013 which was consistent with the medication prescribed, the treater in report 10/11/2013 requests another UDS. ODG recommends once yearly screening for low risk patients. Recommendation is for denial. The request for Urine Drug Screen is not medically necessary.

PRESCRIPTION OF ANZEMET 100MG #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HTTP://DAILYMED.NLM.NIH.GOV/DAILYMED/LOOKUP.CFM?SETID=6600DFEA-FCF2-4F89-AB45-66282DEE969F#NLM34067-9.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG GUIDELINES HAVE THE FOLLOWING REGARDING ANTIEMETICS.

Decision rationale: This patient presents with muscle and joint pain and complaints of headaches. The MTUS and ACOEM Guidelines do not discuss Anzemet. However, ODG Guidelines has the following regarding antiemetic, "Not recommended for nausea and vomiting secondary to chronic opiate use." Recommended for acute use as noted below for FDA approved indications. Anzemet is a serotonin 5-HT3 receptor antagonist. It is FDA approved for nausea and vomiting for postoperative use. It appears the physician is requesting this medication for patient's nausea associated with taking medication. The ODG Guidelines do not support the use of Antiemetic for medication-induced nausea. Recommendation is for denial. The request for Anzemet 100mg #45 is not medically necessary.

PRESCRIPTION OF LIDODERM PATCHES 5%, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL LIDOCAINE Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

Decision rationale: This patient presents with muscle and joint pain and complaints of headaches. The MTUS Guidelines page 112 states under lidocaine, indications are for neuropathic pain "recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for neuropathy." In this case, review of reports from 09/17/2012 to 10/11/2013 does not show evidence of any neuropathic pain that is "localized peripheral pain." The medication is not indicated for this patient as the patient does not meet the criteria. Furthermore, the patient has been prescribed these patches since 09/14/2012 and the treater does not provide any discussion on the efficacy of these patches, if any. The requested Lidoderm patches are not medically necessary, and recommendation is for denial. The request for Lidoderm patches 5% #60 is not medically necessary.

PRESCRIPTION OF OPANA ER 40MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 106.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN; CRITERIA FOR USE OF OPIOIDS; OPIOIDS FOR CHRONIC PAIN; OPIOIDS Page 60,61; 88,89; 80,81; 88.

Decision rationale: : This patient presents with muscle and joint pain and complaints of headaches. The treater is requesting a refill of Opana ER 40mg, #120. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Medical records indicate the patient has been prescribed Opana since 09/14/2012. Review of records from 01/15/2013 to 10/11/2013 does not provide any discussions on the efficacy of this medication. Although the treater does provide a numerical scale to assess the pain, the treater does not provide "pain assessment" as required by MTUS. Given the lack of sufficient documentation, the patient should slowly be weaned off Opana as outlined by MTUS Guidelines. Recommendation is for denial. The request for Opana ER 40mg #120 is not medically necessary.

PRESCRIPTION OF ROXICODONE 30MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 106.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain; Criteria For Use Of Opioids Page(s): 60,61; 88,89; 80,81; 88.

Decision rationale: This patient presents with muscle and joint pain and complaints of headaches. The treater is requesting a refill of Roxiocodone 30mg, #120. Page 78 of MTUS

requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Medical records indicate the patient has been prescribed Roxicodone since 09/14/2012. Review of records from 01/15/2013 to 10/11/2013 does not provide any discussions on the efficacy of this medication. Although the treater provides a before an after numerical scale to assess the pain, there are no "pain assessment," no mention of functional improvement in terms of ADL's or return to work as required by MTUS. Given the lack of sufficient documentation, the patient should slowly be weaned off Roxicodone as outlined by MTUS Guidelines. Recommendation is for denial. The request for Roxicodone 30mg #120 is not medically necessary.

PRESCRIPTION OF PRILOSEC 20MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: This patient presents with muscle and joint pain and complaints of headaches. The physician is requesting a refill or Prilosec. The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or Omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. This patient has been prescribed Prilosec since 09/14/2012. Review of the medical file indicates the patient suffers from acid reflux and has been taking baby aspirin since 2012. Recommended is for approval. The request of Prilosec 20mg #30 is not medically necessary.

CONTINUE SEROQUEL (UNSPECIFIED DOSAGE OR QUANTITY) QTY: 1.00: 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) ODG GUIDELINES HAS THE FOLLOWING REGARDING ATYPICAL ANTIPSYCHOTIC Medications.

Decision rationale: This patient presents with muscle and joint pain and complaints of headaches. The physician is requesting Seroquel. The physician states in his report, "As prescribed by psychiatrist." There is no dosage, quantity or duration of medication. The ACOEM and MTUS do not discuss Seroquel specifically. However, ODG guidelines have the

following regarding atypical antipsychotic medications: "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, Quetiapine, Risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm." In this case, ODG does not recommend this medication. The benefits are noted as "small to nonexistent" with "abundant evidence of potential treatment-related harm." In addition, the physician does not specify the dosage or duration of the mediation. Recommendation is for denial. The request for continue Seroquel (unspecified dosage or quantity) is not medically necessary.

CONTINUE INSULIN (UNSPECIFIED DOSAGE) QTY: 1.00: 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 Page(s): 8.

Decision rationale: This patient presents with muscle and joint pain and complaints of headaches. The physician states the patient is to "continue his insulin regimen as prescribed by his family physician." Physician does not specify which insulin and does not recommend dosage or duration of the medication. Utilization review dated 10/18/2013 denied the request stating, "Dose, quantity and strength of this medication is not provided and therefore guidelines cannot be applied to this request." The medical file includes a progress report from primary treating physician [redacted]. This report also does not indicate which insulin the patient is taking. MUTS guidelines page 8 require that the treating physician provide monitoring and make appropriate treatment recommendations. In this case, the physician does not appear to be the one monitoring this patient's diabetis and the request that the other physician provide monitoring and treatment would appear appropriate if the patient required treatments for diabetis. Recommendation is for authorization. The request for continue insulin is medically necessary.