

Case Number:	CM13-0064945		
Date Assigned:	01/03/2014	Date of Injury:	11/15/2000
Decision Date:	06/04/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/12/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 54 year old male injured on 11/15/00 when he was slipped off the corner of a step and sustained injury to the elbow, shoulder, back, and left hip. The patient is being treated for multiple diagnoses including lumbar facet syndrome, sacroiliac pain, low back pain, hip pain, lumbar/lumbosacral disc degeneration, osteoarthritis of the pelvis, piriformis syndrome, lumbar disc disorder, lumbar degenerative disc disease, mood disorder, lumbar radiculopathy, lumbar post-laminectomy syndrome, foot pain, pain in the joint, knee pain, and lower leg pain in the joint. The clinical note dated 12/04/13 indicates the patient is being evaluated for lower back pain unchanged from previous visits. The patient also reports tenderness to palpation of the right knee with moderate effusion noted on examination. Decreased range of motion of the lumbar spine and left knee noted. Tenderness on palpation of the lumbar spine with spasms noted. Lumbar facet loading positive bilaterally with straight leg raise positive on the left. Decreased sensation is noted on the lateral aspect of the left lower extremity. The patient reports he is able to manage pain to a more tolerable level and optimize function in his activities of daily living to include cooking, cleaning, household chores, and yard work with current medication regimen. With medication use, the patient reports he is able to perform household tasks for 45 minutes or greater and without he can only perform those tasks for less than 20 minutes. The documentation indicates the patient's recent urine drug screens and CURES reports are appropriate for prescribed medications. The current medications include Oxycontin 40mg Q 6 hours, Oxycodone 30mg 5 x a day, Lidoderm patch, Ambien 12.5mg, Soma 350mg QID PRN, Norco 10/325mg Q 4-6 hours PRN, Omeprazole 20mg BID, Zanaflex 4mg BID PRN, Nuvigil 150mg QD, Lyrica 50mg BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 30MG #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: Based on review of the clinical documentation submitted, there is sufficient documentation to substantiate the medical necessity of this medication. As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, this medication is recommended as medically necessary at this time.

AMBIEN 12.5MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines, Stress & Mental Illness Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - online version, Pain (Chronic), Zolpidem (Ambien®).

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 12.5mg (#60) cannot be recommended as medically necessary.

NUVIGIL 150MG (#30): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines - Online version, Nuvigil is not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. There is no indication in the documentation that the medication is being utilized for either of these conditions. As such, the request for Nuvigil 150mg (#30) cannot be recommended as medically necessary.

LIDODERM 5% (#30): Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Therefore Lidoderm 5% (#30) cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

ZANAFLEX 4MG (#60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 66.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Zanaflex is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management and also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Zanaflex 4mg (#60) cannot be established at this time.

OMEPRAZOLE 20MG (#60): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDs and GI Symptoms page 68.

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

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Omeprazole 20mg (#60) cannot be established as medically necessary.