

Case Number:	CM14-0001947		
Date Assigned:	01/22/2014	Date of Injury:	02/19/2002
Decision Date:	04/11/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopaedic Surgery, 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:

This is a 54-year-old gentleman injured in a work-related accident on 2/19/01. Review of clinical records provided by pain medicine physician, [REDACTED], dated 11/6/13 documented complaints of pain in the low back radiating to the hip as well as pain to the bilateral upper extremities, wrists and shoulders. Objective findings on 11/06/13 showed pain with flexion, extension, and rotation of the lumbar spine with restricted range of motion, positive "facet signs," but no other documentation of findings. Radiographs of the lumbar spine dated October 2012 were reviewed by [REDACTED] and showed degenerative changes as well as erosive osteoarthritis of the left hand at the third metacarpophalangeal joint. The claimant's working diagnosis was lumbar radiculopathy, facet arthropathy, status post lumbar fusion, chronic pain syndrome, and insomnia. Facet joint injections were recommended for further treatment as well as continuation of medication management to include topical compounding agents, Gabapentin, Opana, Trazadone, Hydrocodone, Ambien, Zanaflex, and Protonix

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA ER 20MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Chronic pain Page(s): 93, 76-80.

Decision rationale: Based on California MTUS Chronic Pain 2009 Guidelines, the continued role of Opana would appear warranted. The claimant appears to have a diagnosis of failed back syndrome status post fusion with continued complaints of pain. The continued role of this long-acting narcotic analgesic would appear to be recommended given the claimant's current clinical presentation

HYDROCODONE/APAP 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids-Criteria For Use Page(s): 91, 76-80.

Decision rationale: Based on California MTUS Chronic Pain 2009 Guidelines, the continued role of Hydrocodone would not be indicated. The claimant is already taking a large dose of Opana, a more appropriate long term analgesic at this stage in the course of care from chronic pain related complaints. The continued role of a second narcotic analgesic would not be indicated in this case

ZOLPIDEM/AMBIEN #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 (ODG)

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

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, Ambien would not be indicated. ODG Guidelines only recommend Ambien for short term use, typically no more than 2-6 weeks. The claimant indicates that he has been utilizing the agent for a chronic period of time. Its role in the chronic setting would, thus, not be indicated or supported based on guidelines criteria

XOTEN-C 120ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

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

Decision rationale: Based on California MTUS Chronic Pain 2009 Guidelines, the topical agent, Xoten-C, would not be indicated. Topical compounded agents are largely experimental with limited documentation of their long term efficacy or benefit. The continued role of the topical agent in this case would not be supported given the lack of documentation of recent first line treatment or therapeutic agents being rendered

TRAZODONE/DESYREL 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 (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids- Tramadol (Ultram) Page(s): 91-94.

Decision rationale: Based on California MTUS Chronic Pain 2009 Guidelines, the continued role of Trazodone in this case would not be indicated. The records currently indicate the claimant is taking multiple analgesics from a narcotic standpoint including Opana and Hydrocodone. Chronic Pain Guidelines typically recommend the role of Trazodone for no more than a sixteen week period of time. Its continued role in the chronic setting for low back related complaints is not indicated; thus, the need for continued role of this agent would not be supported

PANTOPRAZOLE/PROTONIX 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on California MTUS Chronic Pain 2009 Guidelines, the continued use of Protonix would not be supported. Chronic Pain Guidelines only indicate the role of gastrointestinal medications in the setting of significant risk factors. There is no documentation that this claimant is utilizing non-steroidal medication nor does is there documentation that he has any significant risk factors for the use of a protective gastrointestinal medication. The specific role of this agent in question would not be indicated at present