

Case Number:	CM14-0003746		
Date Assigned:	02/03/2014	Date of Injury:	06/18/1996
Decision Date:	06/25/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports 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 injured worker is a 64 year old female who reported an injury on 06/18/1996. The mechanism of injury was not provided. Per the 12/26/2013 clinical note, the injured worker reported radiating low back pain with numbness and weakness in the lower extremities. Objective findings included pain with range of motion in the lumbar sacral region and spine tenderness. The claimant's current problem list included anxiety with depression, COPD, degenerative arthritis of the knee, degenerative disc disease, GERD, hypertension, hyperthyroidism, low back pain, old CVA, and seizures. Medication regimen included Celebrex, Klor-Con, Hydrocodone/Ibuprofen, Levetiracetam, Oxycontin, Clopidogrel, Lasix, Methimazole, Oxybutynin Chloride, Pantoprazole, Cymbalta, and Enalapril Maleate. The request for authorization form was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX (CELECOXIB) 200 MG QUANTITY 60 WITH THREE REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, & Cardiovascular Risk, Page(s): 68-69, 70-73..

Decision rationale: The California MTUS guidelines state NSAIDs are recommended with caution since they can increase the risk for gastrointestinal symptoms and cardiovascular events. The injured worker has a history of GERD, hypertension, and an old cerebrovascular accident. The medical records provided indicate an ongoing prescription for Celebrex since 10/19/2013. The injured worker reported 4/10 pain with medications. The efficacy of Celebrex is unclear. In addition, the MTUS guidelines recommend a dose of 200mg a day. The 12/26/2013 clinical note lists a prescription of Celebrex 200mg twice a day. This exceeds guideline recommendations of 200mg a day. As such, the request FOR Celebrex 200 mg, quantity 60 with three refills is not medically necessary and appropriate.

OXYCONTIN (OXYCODONE HCL) 20 MG QUANTITY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 76-80, 80-82..

Decision rationale: In regards to opioid management, the California MTUS guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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. The medical records provided indicate an ongoing prescription for Oxycontin since 10/19/2013. The injured worker reported 4/10 pain with medication and "some" pain relief with narcotic pain medication. There is a lack of documentation concerning a full pain assessment, side effects, and functional improvement to evaluate the efficacy of the medication. As such, the request for Oxycontin 20 mg, quantity 60 is not medically necessary and appropriate.

HYDROCODONE/IBUPROFEN 10/200 MG QUANTITY 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94, 76-80, 80-82..

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state Hydrocodone/Ibuprofen is recommended for short term use only (generally less than 10 days). In regards to opioid management, the California MTUS guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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. The claimant reported 4/10 pain

with medication and "some" pain relief with narcotic pain medication. There is a lack of documentation regarding functional improvement, side effects, or a full pain assessment to evaluate the efficacy of the medication. In addition, the medical records provided indicate an ongoing prescription for Hydrocodone/Ibuprofen since 10/17/2013. The MTUS guidelines recommend short term use only. As such, the request for Hydrocodone/Ibuprofen 10/200 mg, quantity 120 is not medically necessary and appropriate.

KLOR-CON (POTASSIUM CHLORIDE) 10 MG QUANTITY 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation RXLIST, KLOR-CON, Online.

Decision rationale: The medical records provided indicate ongoing prescriptions for Klor-Con and Lasix. The clinical note dated 12/10/2013 included Klor-Con and Lasix as part of the injured worker's medications. As of 12/26/2013, the injured worker was still taking both Klor-Con and Lasix. In a letter written by the provider on 12/11/2013, he stated the patient did not require Klor-Con because her potassium level was within normal limits and she was not taking a diuretic. As such, the request for Klor-Con (potassium chloride) 10 mg quantity 30 is not medically necessary and appropriate.

LYRICA (PREGABALIN) 25 MG QUANTITY 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 (AEDS), Page(s): 16-22.

Decision rationale: The California MTUS guidelines state Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and has FDA approval for both indications, and is considered first-line treatment for both. The medical records provided indicate an ongoing prescription for Lyrica since 11/26/2013. There is a lack of documentation indicating the injured worker had a history of diabetic neuropathy, postherpetic neuralgia, or fibromyalgia. The patient reported 4/10 pain with medications. The efficacy of Lyrica is unclear. As such, the request for Lyrica 25 mg quantity 60 is not medically necessary and appropriate.