

Case Number:	CM14-0004459		
Date Assigned:	02/05/2014	Date of Injury:	05/03/2006
Decision Date:	07/23/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/13/2014

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 and Pain Management 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 60 year old female injured on 05/03/06 as a result of a fall with subsequent diagnosis of complex regional pain syndrome (CRPS) of the left upper extremity and right lower extremity, left rotator cuff tendinitis and impingement syndrome, acromioclavicular joint arthritis, left L4-5 disc bulge, left lumbar radiculopathy, reactive depression on Lexapro, and psychological treatment. A clinical note dated 12/20/13 indicated the patient currently rated her neck pain radiating to the left upper extremity and low back pain radiating to right lower extremity at 8-9/10. The injured worker had significant depression related to inactivity, pain, and was authorized to see pain psychologist, which she had been compliant. The injured worker utilized Opana ER for chronic intractable pain and was tapered down to low dose 5 mg Q12 hours. The injured worker utilized Celebrex 200 mg for musculoskeletal pain/arthritis. The injured worker utilized Protonix due to a history of gastroesophageal reflux disease due to Celebrex and Opana. Lexapro was utilized for reactive depression with previous PHQ-9 scores recently of 23/30 indicative of severe depressive symptoms. With Lexapro, she was more alert, able to sleep better, and function better. The injured worker utilized Nortriptyline for sleep and neuropathic pain. The original request for Opana ER #60, Topamax 100 mg #30, Fexmid 7.5 mg, Pantoprazole 10 mg, Micardis, Amlodipine, and Flector 1.3% patches was initially not medically necessary on 01/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA ER #60: Upheld

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

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

Decision rationale: As noted on page 77 of the MTUS 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 is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity Opana ER #60 cannot be established at this time. As such, the request is not medically necessary.

TOPAMAX 100MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Antiepileptic Drugs: Topiramate chapter Page(s): 20.

Decision rationale: As noted on page 20 of the MTUS Chronic Pain Medical Treatment Guidelines, Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for Topamax 100 mg #30 cannot be recommended as medically necessary.

FEXMID 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine chapter Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine 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 injured worker has exceeded the 2-4 week window for acute

management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Fexmid 7.5 MG cannot be established at this time.

PANTOPRAZOLE 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs (NSAIDS), Gastrointestinal (GI) Symptoms and Cardiovascular Risk.

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 (PPIs).

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 Pantoprazole 10MG cannot be established as medically necessary.

MICARDIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website: www.rxlist.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website: www.rxlist.com/micardis-drug.htm.

Decision rationale: There is no discussion in the documentation regarding the initiation or maintenance of this medication. The documentation repeatedly indicates that the injured worker's primary care provider prescribes the medication and oversees its efficacy. Micardis is indicated for the treatment of hypertension. As such, the request for Micardis cannot be recommended as medically necessary at this time.

AMLODIPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website: www.rxlist.com/.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website: www.rxlist.com/norvasc-drug/indications-dosage.htm.

Decision rationale: There is no discussion in the documentation regarding the initiation or maintenance of this medication. The documentation repeatedly indicates that the injured worker's primary care provider prescribes the medication and oversees its efficacy. Amlodipine is indicated for the treatment of hypertension. As such, the request for Amlodipine cannot be recommended as medically necessary at this time.

FLECTOR 1.3% PATCHES.: Upheld

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

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

Decision rationale: As noted on page 111 of the MTUS 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, Flector 1.3% Patches cannot be recommended as medically necessary, as it does not meet established and accepted medical guidelines.