

Case Number:	CM14-0006261		
Date Assigned:	03/03/2014	Date of Injury:	10/24/1996
Decision Date:	06/30/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/16/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 47-year-old female who reported an injury on 10/24/1996; the mechanism of injury was not provided within the medical records. In the clinical note dated 12/17/2013, the injured worker complained of pain that was dull, throbbing, burning, aching, electricity, pins and needles. She stated her pain was increased by walking, bending, and lifting. The injured worker also indicated that the pain was decreased with her prescribed medications. The injured worker noted her pain was rated 4/9. In the physical examination it was noted that the injured worker complained of constipation and irritable bowel, as well as migraine headaches and dizziness. The diagnoses included opioid-type dependency, carpal tunnel syndrome, migraine variant, depressive disorder, and spinal stenosis. The treatment plan included prescriptions for Opana ER, Topamax, Tizanidine, Wellbutrin, Compazine, and Mobic for the treatment of migraine headaches and dizziness, constipation, irritable bowel, insomnia and anxiety. It was noted that previous treatments included medication. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PUMP REFILL X 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug Delivery Systems Page(s): 52-54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs), Page(s): 53-54.

Decision rationale: The request of pump refill x3 is non-certified. The California MTUS guidelines state implantable drug delivery systems dispense drugs according to instructions programmed by the clinician to deliver a specific amount of drug per day or to deliver varying regimens based on flexible programming options, and the pump may need to be refilled at regular intervals. The time between refills will vary based on pump reservoir size, drug concentration, dose, and flow rate. A programming session, which may occur along with or independent of a refill session, allows the clinician to adjust the patient's prescription as well as record or recall important information about the prescription. Within the clinical notes provided for review, there was lack of documentation indicating the efficacy of the medication. It was noted that the injured worker stated that her pain was decreased with the prescribed pain medication; however, it was unclear if the injured worker had significant objective functional improvements with the medications. In the clinical notes provided, it was not documented the injured worker has a pump refill on a schedule or as needed basis. It was found that the last pump refill was on 12/04/2013. The pump was annotated as having an alarm when the infused medications became low. Therefore, the request for pump refill x3 is not medically necessary.

OPANA ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 80, 93.

Decision rationale: The request for Opana ER is non-certified. The California MTUS guidelines state that opioids appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The guidelines also state that Opana ER is not intended for prn use. Patients are to avoid alcohol while on Opana ER® due to increased (possibly fatal) plasma levels. Within the clinical notes provided for review, there is lack of documentation demonstrating the efficacy of the medication as evidenced by measurable objective functional improvement. Also the use of Opana ER has not been evaluated for efficacy as recommended by the guidelines. Furthermore, the request for Opana ER did not specify the dosage, frequency, and quantity of the medication being requested. Therefore, the request for Opana ER is not medically necessary.

TOPAMAX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 16, 21.

Decision rationale: The request for topamax is non-certified. The California MTUS guidelines state that anti-epileptic drugs are recommended for neuropathic pain due to nerve damage. Topamax 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. In the clinical notes provided for review, there was a lack of documentation indicating the injured worker has neuropathic pain. There was also lack of documentation of other anticonvulsants failing to provide relief; the guidelines state that Topamax is used for neuropathic pain when other anticonvulsants have failed. Also, there is lack of documentation demonstrating the efficacy of the medication as evidenced by measurable objective functional improvement. Therefore, the request for Topamax is not medically necessary.

TIZANIDINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Antispasticity Drugs Page(s): 63, 66.

Decision rationale: The request for Tizanidine is non-certified. The California MTUS guidelines state that muscle relaxants are recommended non-sedating with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Within the clinical notes there was a lack of documentation indicating the injured worker had significant findings upon physical examination which would indicate the need for the medication. Also the request lacked the dosage, frequency and duration of the prescribed medication. The guidelines state that Tizanidine is a second line option recommended for short-term treatment, as such it is not documented the duration the medication has been utilized of the prescription of the medication. Therefore, the request for tizanidine is not medically necessary.

COMPAZINE: 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, Antiemetics (for opioid nausea).

Decision rationale: The request for Compazine is non-certified. The Official Disability Guidelines (ODG) state that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse

effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. In the clinical notes provided for review, the documentation lacked annotation of any gastrointestinal upset; it was unclear in the documentation provided if the injured worker was noted to have nausea and vomiting. Furthermore, the use of antiemetics, as stated in the guidelines, is not recommended for nausea and vomiting secondary to chronic opioid use. Furthermore, it was unclear why the request for compazine was made as it was annotated within the documentation that the injured worker only reported gastrointestinal issues of constipation and irritable bowel. Therefore, the request for compazine is not medically necessary.

MOBIC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68, 72.

Decision rationale: The request for Mobic is non-certified. The California MTUS guidelines state that NSAIDs are recommended as an option for short-term symptomatic relief. The submitted request did not specify the dosage, frequency, and quantity of the medication were not specified. The guidelines state that NSAIDs are recommended for an option for short term symptomatic relief. It was noted that the injured worker had been on Mobic, however it was unclear of the efficacy or functional status the prescribed medication was providing. The guidelines state that Mobic is recommended as an option for short-term symptomatic relief and the patient has been taking the medication since at least 8/2013. Therefore, the request for Mobic is not medically necessary.