

Case Number:	CM14-0104775		
Date Assigned:	09/24/2014	Date of Injury:	05/12/2007
Decision Date:	11/06/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/07/2014

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 Emergency 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 34-year-old female who reported an injury on 05/12/2007. The mechanism of injury was not submitted for clinical review. The diagnoses included sleep disorder, lumbar degenerative disc disease, and history of GERD, spasm, myofascial pain, long acting and short acting opioid. Previous treatments included medications, psychotherapy. Within the clinical note dated 04/10/2014, it was reported the injured worker complained of low back pain. She complained of increased right lower extremity pain. Provider noted the injured worker had increased pain with regular exercise of pushing. The provider noted injured worker has sleep apnea and is awaiting a machine. The request submitted is for Toradol, MS-Contin, Oxycodone, Ambien, Cymbalta, Prozac, Gabapentin, Senokot, and Zanaflex. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Toradol 30mg IM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, Specific drug list & adverse effects.

Decision rationale: The request for 1 prescription of Toradol 30mg IM is not medically necessary. The Official Disability Guidelines note Toradol is only recommended in oral form for short term up to 5 days in management of moderately severe acute pain that requires analgesia at the opioid level and only as a continuation following of IV or IM dosing, if necessary. This medication is not indicated for minor or chronic painful conditions. Increasing doses beyond a daily maximum of 40 mg will not provide better efficacy and will increase the risk of serious side effects. The FDA boxed warning would regulate this drug to a second line use unless there are safer alternatives. There is lack of documentation warranting the medical necessity for the request. There is lack of clinical documentation indicating the injured worker had tried and failed conservative therapy to alleviate symptoms. The request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.

60 MS Contin 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, Page(s): 78.

Decision rationale: The request for MS-Contin 60mg #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. The injured worker has been utilizing this medication since at least 08/2013. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

One request to discontinue Dilaudid and change to Oxycodone 15mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, On-Going Management, Page(s): 78.

Decision rationale: The request for a discontinuation of Dilaudid and change to Oxycodone 15mg #120 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with

issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. The injured worker has been utilizing this medication since at least 08/2013. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

30 Ambien 10mg: 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, Zolpidem.

Decision rationale: The request for Ambien 10mg #30 is not medically necessary. The Official Disability Guidelines (ODG) note Zolpidem is a prescription short acting non-benzodiazepine hypnotic which was approved for short term, usually 2 to 6 weeks, and treatment of insomnia. The request submitted failed to provide the frequency of the medication. The clinical documentation submitted did not indicate the injured worker is treated or diagnosed with insomnia. Therefore, the request is not medically necessary.

30 Cymbalta 60mg With 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), Page(s): 43.

Decision rationale: The request for Cymbalta 60mg #30 with 2 refills is not medically necessary. The California MTUS Guidelines recommend Cymbalta as an option in first line treatment of neuropathic pain. It has FDA approval for the treatment of depression, generalized anxiety disorder, and the treatment of pain related to diabetic neuropathy. The guidelines note antidepressants are recommended as an option for radiculopathy. The clinical documentation submitted did not indicate the injured worker was treated for neuropathic pain, depression, or generalized anxiety disorder. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

Continue Prozac 20mg: 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 Antidepressants, Page(s): 13.

Decision rationale: The request for 1 continued prescription of Prozac 20mg is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the quantity of the medication. Therefore, the request is not medically necessary.

One Gabapentin as prescribed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, GI symptoms & cardiovascular risk, Page(s): 49,77,68-69.

Decision rationale: The request for Gabapentin is not medically necessary. The California MTUS Guidelines note Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency, quantity, and dosage. Therefore, the request is not medically necessary.

90 Zanaflex 4mg with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,64.

Decision rationale: The request for Zanaflex 4mg #90 with 1 refill is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 08/2014. Therefore, the request is not medically necessary.

One Prilosec, (dosage and quantity unknown) as prescribed:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors, NSAIDs, GI Symptoms & Cardiovascular Risk.

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

Decision rationale: The California MTUS Guidelines note proton pump inhibitors such as Prilosec are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include, over the age of 65, history of peptic ulcer, gastrointestinal bleed or perforation. In the absence of risk factors, gastrointestinal events, proton pump inhibitors are not indicated when taking non-steroidal anti-inflammatory drugs (NSAIDs), or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the dosage and quantity of the medication. Therefore, the request is not medically necessary.