

Case Number:	CM14-0011989		
Date Assigned:	05/05/2014	Date of Injury:	01/20/2011
Decision Date:	03/05/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/31/2013

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, neck pain, shoulder pain, stomach pain, and derivative psychological stress reportedly associated with an industrial injury of January 20, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier shoulder surgery in June 2013; earlier cervical spine surgery in September 2012; and a TENS unit. In a utilization review report dated December 9, 2013, the claims administrator apparently denied requests for Hydromorphone, OxyContin, Morphine, Zofran, Norflex, Xanax, and Nexium. The report focuses on the question of Hydromorphone. The claims administrator stated that there is no documented evidence of benefit with Hydromorphone usage. The applicant's attorney subsequently appealed, on December 31, 2013. A medical progress note of November 19, 2013 was notable for comments that the applicant reported persistent neck, shoulder, and low back pain. The applicant did report weakness about the legs, stated that he had fallen multiple times, and was in the process of obtaining a new lumbar MRI. The applicant was apparently on Nexium, Losartan, OxyContin, Zofran, Metformin, Xanax, and Zoloft. It was suggested that OxyContin was generating 75% analgesia for 12 hours. It was stated that the applicant was able to perform most activities of daily living and that the applicant denied any adverse effects or aberrant behaviors. The documentation was highly templated and did not elaborate on precisely what activities had been ameliorated as a result of ongoing OxyContin usage. The attending provider wrote that OxyContin would be increased to combat the applicant's apparent flare of pain, but that the plan was to ultimately wean the applicant. A trial of Dilaudid was sought on the grounds that immediate-release morphine was too sedating. Norflex, Xanax, Zofran, and Nexium were also continued. A November 11, 2013 progress note is notable for comments that the applicant had issues with emotional disturbance, crying, and a labile mood and affect. The

applicant was unable to participate in physical therapy owing to mental health constraints. It was stated that the applicant had issues with drug dependency and was a candidate for a detoxification program. An earlier note of September 24, 2013 was notable for comments that the applicant should remain off work, on total temporary disability

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 10MG BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OxyContin (Oxycodone) Page(s): 97.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved with ongoing opioid therapy. In this case, the request for OxyContin does represent a renewal request. The applicant has failed to meet any or all of the aforementioned criteria. The applicant's pain complaints are seemingly heightened, as suggested in some portions of the November 2013 progress note. While the attending provider later states in other sections of the report that the applicant is achieving appropriate analgesia with OxyContin, however the provider later notes that a heightened dose of OxyContin needs to be employed. There is no clear description of which or what activities of daily living have been ameliorated as a result of ongoing opioid therapy with OxyContin. Based upon review of the records, the Chronic Pain Medical Treatment Guidelines have been met here. Therefore, the requested OxyContin 10mg is not medically necessary

HYDROMORPHONE 2MG #90 TID: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SHORT ACTING OPIOIDS Page(s): 75.

Decision rationale: Unlike the request for OxyContin, the request for Hydromorphone or Dilaudid is a first-time request. As noted in the Chronic Pain Medical Treatment Guidelines, short-acting opioids such as Hydromorphone or Dilaudid are indicated in the treatment of chronic pain. These agents are typically used for intermittent or breakthrough pain. In this case, the applicant was described as having a flare in chronic pain. Other opioids, including OxyContin and Morphine, had been tried and failed. A trial of Hydromorphone is indicated. Therefore, the request for Hydromorphone 2mg #60 is medically necessary and appropriate

MORPHINE SULFATE IR 15 BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79,80.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the presence of continued pain with evidence of intolerable adverse effect should lead the attending provider to discontinue previously prescribed opioids. In this case, the request for IR Morphine is a renewal request. As acknowledged by the attending provider, the claimant has reported intolerable adverse effects with ongoing Morphine usage in the form of sedation. The Chronic Pain Medical Treatment Guidelines the criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved with ongoing opioid therapy. The applicant has failed to return to work. The applicant's pain complaints are heightened as opposed to reduced. The attending provider has not detailed which or what activities have been ameliorated as a result of ongoing morphine usage. Therefore, the request for Morphine Sulfate IR 15mg is not medically necessary and appropriate

ZOFRAN 4MG BID: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD), 11th Edition, Pain, Antiemetics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) Ondansetron Medication Guide

Decision rationale: The MTUS does not address the topic. As noted by the FDA Ondansetron Medication Guide, Zofran is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, there is no evidence that the applicant underwent any recent chemotherapy, radiation therapy, and/or surgery. The applicant most recent surgery was in June of 2013 as of the date of the utilization review report. It is further noted that the November 19, 2013, progress note it states in the review of systems section that the applicant denied any symptoms of nausea. Therefore, the request for Zofran 4mg is not medically necessary and appropriate

NORFLEX 100MG BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodic Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that muscle relaxants such as Norflex are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. In this case, the attending provider proposed usage of Norflex for chronic, long-term, and scheduled use purposes at a rate of twice daily. This is not an approved indication for Norflex, per the Chronic Pain Medical Treatment Guidelines. It is further noted that, as with the other medications, that the applicant has failed to clearly effect any lasting benefit or functional improvement through ongoing usage of Norflex. The applicant is off work and on total temporary disability. The applicant remains highly reliant on multiple analgesic and adjuvant medications, opioid and non-opioid. Based upon review of the records, there is a lack of functional improvement despite ongoing usage of Norflex. Therefore, the request is not medically necessary

XANAX 1 MG QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: The ACOEM Guidelines state that medications such as Xanax are not recommended as first-line therapy and may be appropriate for brief periods in cases of overwhelming symptoms so as to allow an applicant to recoup emotional or physical resources. Longer-term usage of Xanax is not recommended. In this case, Xanax is being requested for chronic, long-term, and daily usage. Accordingly, the ACOEM Guidelines have not been met. Therefore, the request for Xanax 1mg is not medically necessary and appropriate

NEXIMUM 20MG BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI SYMPTOMS AND CARDIOVASCULAR Page(s): 69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do support provision of proton pump inhibitors such as Nexium in the treatment of NSAID-induced dyspepsia. In this case, however, there is no mention of any symptoms of reflux, heartburn, and/or dyspepsia on any recent progress note, including the November 19, 2013, progress note, in which the applicant specifically denied symptoms of heartburn in the gastrointestinal review of systems section of the report. Therefore, the request for Nexium 20mg is not medically necessary and appropriate