MAXIMUS Federal Services

Case Number:	CM14-0124770		
Date Assigned:	08/08/2014	Date of Injury:	06/30/2011
Decision Date:	09/18/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation and Pain 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 injured worker is a 52-year-old female who reported an injury 06/30/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 07/14/2014 indicate a diagnosis of status post right open knee surgery for a stem cell implant for loss of cartilage dated 04/04/2013, persistent right thigh, groin, and leg pain, neck pain with prior history of cervical fusion, and left shoulder pain industrial. The injured worker reported right knee and left shoulder pain. The injured worker reported Percocet was working well but was causing significant nausea. The injured worker reported her pain goes from a 10/10 to a 5/10 on both knee and shoulder. The injured worker reported activities of daily living with medication allow her to walk for exercise and carry out activities of daily living such as cooking, cleaning, and laundry, and self-hygiene. They have signed a pain agreement and denied any aberrant behaviors. The injured worker's last random urine drug screen was consistent. The injured worker reported her average pain had been 7/10 flaring to a 10/10 and coming down to a 5/10 with medication. However, they are causing significant nausea. The injured worker reported Percocet kicked in within about 40 minutes and provided about 5 to 6 hours of pain relief. The injured worker's treatment plan included: she was given a 1 month refill of medication, continue follow-up, and authorize updated MRI of the left shoulder. The injured worker's prior treatments included diagnostic imaging surgery and medication management. The injured worker's medication regimen included Percocet, Relafen, Ambien, and Reglan. The provider submitted requests for Reglan, Ambien, Percocet, and Relafen. A Request for Authorization dated 07/25/2014 was submitted, however rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reglan 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Reglan.

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 Reglan 10 mg #60 is not medically necessary. The Official Disability Guidelines do not recommend Reglan for nausea and vomiting secondary to chronic opioid use. The guidelines state 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. It was not indicated how long the injured worker had been utilizing this medication. In addition, the guidelines do recommend Reglan secondary to chronic opioid use. Furthermore, the request did not indicate a frequency. Therefore, the request for Reglan is not medically necessary.

Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT INDEX, 12 EDITION (WEB), 2014PAIN, INSOMNIA.

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 (Ambien).

Decision rationale: The request for Ambien 5 mg, #30 is not medically necessary. The Official Disability Guidelines recommend Zolpidem as a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for insomnia or sleep disturbances. In addition, there was lack of efficacy and functional improvement with the use of Ambien. Moreover, it was not indicated how long the injured worker had been utilizing this medication. Furthermore, the request did not indicate a frequency. Therefore, the request for Ambien is not medically necessary.

Percocet 10/325mg #90: Upheld

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

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 Percocet 10/325 mg #90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. Although the injured worker reports relief and functional improvement with the use of this medication, the injured worker's request for Percocet was modified 08/04/2014 for weaning purposes. The provider has had ample time to wean the injured worker of the Percocet. In addition, the request does not indicate a frequency. Therefore, the request for Percocet is not medically necessary.

Relafen 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Relafen 750 mg #60 is not medically necessary. The CA MTUS guidelines recognize Relafen as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. It was not indicated how long the injured worker had been utilizing this medication. In addition, the request did not indicate a frequency for this medication. Therefore, the request for Relafen is not medically necessary.