

Case Number:	CM14-0025992		
Date Assigned:	06/13/2014	Date of Injury:	06/25/2001
Decision Date:	07/16/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 an 81-year-old male who reported an injury on 06/25/2001. The mechanism of injury was a motor vehicle accident. The injured worker was treated with physical therapy, medications, and surgical interventions. The documentation of 12/16/2013 revealed the injured worker was having hallucinations, talking at night and had conversations with himself. The documentation also revealed that the Trazodone assists the injured worker to sleep. The injured worker's medications to be refilled included hydrocodone 7.5/325 mg tablets #120 refill x 5, omega 3 fish oil 900/1400 mg capsules delayed release #30 refills x 5, Levothyroxine 88 mcg capsules #28 refills x 6, Pantoprazole 40 mg tablets delayed release #30 refills x 5, Celebrex 200 mg 1 by mouth every day #30 directions 1 by mouth every day refills x 5, and Trazodone 50 mg tablets 1 tablet refills x 5. The diagnoses included cervical disc disorder, impingement of the shoulder, major depressive disorder, recurrent episodes, lumbar degenerative disc disease, traumatic brain injury, and follow-up in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF HYDROCODONE 705/325MG #120 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, On Going Management, Opioid Dosing Page(s): 60,78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide the duration of use. There was a lack of documentation of the recommendations. There was a lack of documentation indicating a necessity for 5 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the prospective request for 1 prescription of hydrocodone 10/325MG #120 with 5 refills is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF OMEGA 3 900MG #30 WITH 5 REFILLS: 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 Chapter, Omega-3 fatty acids (EPA/DHA).

Decision rationale: The Official Disability Guidelines indicate the omega 3 fatty acids are recommended. The clinical documentation submitted for review failed to provide documented efficacy for the requested medication by way of lab results. The duration of use could not be established through the supplied documentation. There was a lack of documented rationale for the necessity for 5 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the prospective request for 1 prescription of Omega 3 900mg #30 with 5 refills is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF PANTOPRAZOLE 40MG #30 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation of a necessity for 5 refills. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the prospective request for 1 prescription of Pantoprazole 40mg #30 with 5 refills is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF CELEBREX 200MG #30 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short-term symptomatic treatment of pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of the above recommendations. The duration of use could not be established through supplied documentation. The clinical documentation failed to indicate a necessity for 5 refills without re-evaluation. Therefore, the prospective request for 1 prescription of Celebrex 200mg #30 with 5 refills is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TRAZODONE 50MG #30 WITH 5 REFILLS: 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 California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated the medication assisted the injured worker to be able to sleep. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 5 refills without re-evaluation. Given the above, the prospective request for 1 prescription of Trazodone 50mg #30 with 5 refills is not medically necessary.