MAXIMUS Federal Services

Case Number:	CM14-0037579		
Date Assigned:	06/25/2014	Date of Injury:	03/09/2008
Decision Date:	07/28/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/28/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 57 year-old with a date of injury of 03/09/08. A progress report associated with the request for services, dated 01/10/14, identified subjective complaints of pain in the left wrist and hand. Objective findings included decreased range-of-motion of the wrist. Diagnoses included chronic pain due to cervical and lumbar disc disease; right shoulder strain; anxiety and depression; and insomnia. Treatment has included oral analgesics. NSAID therapy is not listed on this or on an included October 2013 visit. However, on this visit therapy with Prilosec was noted for NSAID-induced gastritis and on the October 2013 visit, it was noted to be for "stomach acid". A Utilization Review determination was rendered on 02/27/14 recommending non-certification of "Norco 10/325mg #360; Ultram 150mg #90; Remeron 15mg #120; and Prilosec 20mg #120".

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Criteria for use for a therapeutic trial of Opioids; recommendations of opioids for chronic pain in general conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids for Chronic Pain.

Decision rationale: Norco 10/325 is a combination drug containing acetaminophen and the opioid hydrocodone. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." The patient has been on Norco in excess of 16 weeks.The Official Disability Guidelines (ODG) state: "While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration."Therapy with Norco appears to be ongoing. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The patient stated that the medication provided "benefit". Therefore, the record does not demonstrate medical necessity for Norco. The request is not medically necessary and appropriate.

Ultram 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Criteria for use for a therapeutic trial of Opioids; recommendations of opioids for chronic pain in general conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids, page(s) 74-96; 113 Page(s): 74-96; 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, specific drug list: Tramadol.

Decision rationale: Ultram (tramadol) is a centrally acting synthetic opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Also, Tramadol is not recommended as a first-line analgesic. The patient has been on opioids well in excess of 16 weeks.In this case, the documentation submitted lacked a number of the elements listed above, including the pain parameters, as well as the level of functional improvement or necessity of therapy beyond 16 weeks due to specific functional improvement; likewise, that other first-line oral analgesics have

been tried and failed. Therefore, the record does not document the medical necessity for Ultram (tramadol). The request is not medically necessary and appropriate.

Remeron 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants; Antidepressants for Treatment of MDD Other Medical Treatment Guideline or Medical Evidence: UpToDate: Unipolar minor depression in adults: Management and treatment.

Decision rationale: Remeron (mirtazapine) is a noradrenergic and specific serotonergic antidepressant (NaSSA), indicated for the treatment of major depressive disorders. The California Medical Treatment Utilization Schedule (MTUS) does not address depression. The Official Disability Guidelines (ODG) state that cognitive and behavioral therapy are recommended and are standard treatment for mild presentation of major depressive disorders. They may be used in combination with antidepressant medications or alone. The Guidelines further note that antidepressants are recommended, although generally not as stand-alone treatment. They are recommended for initial treatment of major depressive disorders that are moderate, severe, or psychotic. They state that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. Authoritative sources such as UpToDate state that "treatment of minor depression with antidepressant medication monotherapy is generally not recommended."In this case, the record implies that the patient has minor depression and there is no documentation of major depression. Therefore, there is no documentation for the medical necessity of Remeron (mirtazapine) in this case. The request is not medically necessary and appropriate.

Prilosec 20mg #120: 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) ODG - TWC Pain Procedure Summary last udated 01/07/2014; Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page(s) 68-69 Page(s): 68-69.

Decision rationale: Prilosec (omeprazole), a proton pump inhibitor, is a gastric antacid. It is sometimes used for prophylaxis against the GI side effects of NSAIDs based upon the patient's risk factors. The Medical Treatment Utilization Schedule (MTUS) notes that these risk factors include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs. The use of non-selective NSAIDs without prophylaxis is considered "okay" in patients with no risk

factors and no cardiovascular disease.In this case, there is no documentation of any of the above risk factors or any NSAID therapy. There is conflicting documentation for the indication of the Prilosec. Therefore, the medical record does not document the medical necessity for Prilosec. The request is not medically necessary and appropriate.