

Case Number:	CM14-0046663		
Date Assigned:	07/02/2014	Date of Injury:	12/02/2004
Decision Date:	08/25/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 61 year-old male patient with a 12/2/2004 date of injury. The injury resulted from a motor vehicle accident in which the patient was air-lifted to the hospital for treatment. The patient sustained severe injuries to his neck and back with loss of motor sensory function to his lower extremities. Multiple non-displaced neck fractures were found. There was no spinal cord injury noted at this level. The patient also sustained several fractures to the thoracic spine. Subluxation of T4 and T5 by 9mm was noted with near total transection of the spinal cord with edema. An evaluation with a neurosurgeon diagnosed the patient with T5 paraplegia with T5-T6 sensory level. Treatment to date: physical therapy and medication management. A UR date of 4/3/2014 denied the request for oxycodone 5mg every 12 hours #120, Nexium 30mg 1 time daily #30, Prevacid 30mg 1 time daily #30, Lidoderm patches 5% 2 a day, Soma 350mg 3 times daily. The rationale for denial for oxycodone 5mg was that the patients' morphine equivalent dose per day (including the patient's use of hydrocodone/apap) was 300 morphine equivalents per day. This dose is 150% higher than the threshold for high-dose opiate therapy. The rationale for denial of the Nexium 30mg was that the patient was not prescribed a non-selective NSAID and the patient was not at risk for any GI bleeding. The rationale for denial of the Prevacid was that Prevacid was also a PPI as is Nexium. The rationale for 2 drugs of the same class is unclear. The rationale for denial of Lidoderm patches is that topical application of lidocaine can only be considered for localized peripheral pain following the failures of first line oral therapies (tricyclic antidepressants, SNRI antidepressants, or anticonvulsants). The rationale for denial of Soma 350mg was that the CA MTUS guidelines do not recommend Soma use. Soma is carisoprodol which is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. It was unclear as to why this medication was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10 mg every eight hours #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 78-81 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient was found to be on 300 morphine equivalents per day with his concurrent use of hydrocodone. The current limit for daily opiate use is 200 morphine equivalents per day. Doses above 200 MED can produce more adverse sides without any benefit. However, there is no documentation of improvement or continued analgesia from the current medication regimen. There was no evidence of lack of aberrant behavior or adverse side effects. There was no discussion of CURES monitoring, an opiate contract, or urine drug screens. Therefore, the request for Oxycontin 10mg every 8 hours #90 is not medically necessary.

Nexium 30 mg once daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, & cardiovascular risk, page 68 Page(s): 68.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The CA MTUS guidelines only recommend proton pump inhibitors in the treatment of patients with GI bleeding risks or the concurrent use of non-selective non-steroidal anti-inflammatory agents. However, there was no documentation of any GI bleeding problems or use of any non-steroidal anti-inflammatory drugs. Therefore, the request for Nexium 30mg once a day #30 is not medically necessary.

Prevacid 30 mg once daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk, page68 Page(s): 68.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The CA MTUS guidelines recommend the use of proton pump inhibitors in the treatment of patients with risk of GI bleeding or patients using non-selective non-steroidal anti-inflammatory agents. However, there is no documentation to show either GI risk or NSAID use in this patient. Furthermore, the use of two different PPIs in one patient is unclear. Therefore, the request for Prevacid 30mg once daily #30 is not medically necessary.

Lidoderm patches 5% two times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines, lidoderm patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch page 56-57 Page(s): 56-57.

Decision rationale: CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The CA MTUS guidelines state that the use of topical lidocaine for localized peripheral pain is recommended only after the failure of a trial of first-line therapies. These oral therapies include tri-cyclic antidepressants, SNRI antidepressants, and anticonvulsant agents. However, there was no documentation of any trials and failures of first-line therapy. Therefore, the request for Lidoderm patches 5% two times daily is not medically necessary.

Soma 350 mg three times daily #90: 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 page 29,65 Page(s): 29, 65.

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. The CA MTUS guidelines state that Soma (carisoprodol) is not indicated for long-term use. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. The sedative effects produced by carisoprodol augment the

sedation and side effects produced by opiates and other sedatives. Furthermore, the reasoning for use is unclear. Therefore, the request for Soma 350mg three times daily is not medically necessary.