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| Case Number: | CM14-0048224 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 04/18/1997 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 03/31/2014 |
| Priority: | Standard | Application Received: | 04/16/2014 |

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 is licensed to practice in Nevada. 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 records presented for review indicate that this 69 year-old individual was reportedly injured on April 18, 1997. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 10, 2014, indicates that there are ongoing complaints of chronic neck and low back pain. The pain level is described as 9/10. The physical examination demonstrated a 5'3", 156 pound individual who is hypertensive (153/81) and in no apparent distress. A decrease in cervical spine range of motion is reported. There tenderness to palpation and muscle spasms are noted associated with some trigger points. The lumbar spine noted a loss of lumbar lordosis, a loss of lumbar range of motion, and tenderness to palpation. Also noted is tenderness over the facet joints. Diagnostic imaging studies are not presented. Previous treatment includes multiple medications, physical therapy and conservative care. A request had been made for multiple medications and was not certified in the pre-authorization process on March 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 40mg tab, extended release, 1 by mouth once a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74, 78, 93 OF 127.

Decision rationale: When noting the date of injury, the injury sustained, the findings on physical examination and the ongoing pain complaints noted to be 9/10, it is clear that this medication has not demonstrated any efficacy or utility. There is nothing in the progress notes that indicates an increased functionality, a decrease in symptomology or ability to return to work. As such, the parameters noted in the MTUS relative to establishing the success of this medication are not met. Therefore, the request for OxyContin 40mg tab, extended release, 1 by mouth once a day #90 is not medically necessary and appropriate.

Oxycodone 30mg tab, 1 by mouth every 4-6 hours #360, NTE 5 tabs/day for a month; 4 tabs/day month 2; 3 tabs/day month 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74, 78, 93 OF 127.

Decision rationale: When noting the date of injury, the injury sustained and the amount of narcotic analgesic medications being imbibed; the MED is noted to be less than 120 per day. That point notwithstanding, the pain complaints still continued to be 9/10, and there is no increase of functionality or indicators that this pain management protocol is having any success. Therefore, the request for Oxycodone 30mg tab, 1 by mouth every 4-6 hours #360, NTE 5 tabs/day for a month; 4 tabs/day month 2; 3 tabs/day month 3 is not medically necessary and appropriate.

Ambien 5mg tab, 1 by mouth during hours of sleep #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary last updated 03/18/2014: Zolpidem (Ambien), Mosby's Drug Consult. Zolpidem tartrate (Ambien).

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 updated July, 2014.

Decision rationale: As noted in the Official Disability Guidelines (ODG) (MTUS & ACOEM guidelines do not address) this is a short acting non-benzodiazepine hypnotic medication which is approved for short-term (usually 2 to 6 weeks). The request for 90 tablets clearly indicates utilization for outside those parameters. Additionally, there is nothing in the progress notes that suggest that this medication is accomplishing its stated goal. It is noted that sleep hygiene is a crucial part of an overall pain management protocol with any to be objective occasion of the

efficacy of the medications and the success of the program. The request for Ambien 5mg tab, 1 by mouth during hours of sleep #90 is not medically necessary and appropriate.

Amitiza 24mcg cap, 1 by mouth twice a day #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary last updated 03/18/2014: Opioid-induced constipation treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: McQuaid KR. Chapter 15. Gastrointestinal Disorders. In: Papadakis MA, McPhee SJ, Rabow MW. Eds. CURRENT Medical Diagnosis & Treatment 2014. New York, NY: McGraw-Hill; 2014.

Decision rationale: This medication is not addressed in the MTUS, ACOEM or ODG. Furthermore, there is no notation that there is a chronic idiopathic constipation, there no physical examination findings supporting the complaints as such, while noting there is a chronic opioid use, this negative side effect is not necessarily present. As such, the request for Amitiza 24mcg cap, one by mouth twice a day #180 is not medically necessary and appropriate.

Baclofen 10mg tab, 1 by mouth three times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary last updated 03/18/2014 - Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 792.26 MTUS (Effective July 18, 2009) Page(s): 63, 64 OF 127.

Decision rationale: Baclofen (notes as its mechanism of action is blockade of the pre- and post-synaptic GABAB receptors) is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. In this case, neither of these diagnoses are noted in this clinical situation. Therefore, while noting there is muscle spasm of the lower lumbar spine there is no clinical indication for a medication of this caliber. As such, the request for Baclofen 10mg tab, 1 by mouth three times a day #90 is not medically necessary and appropriate.

Dexilant 60mg cap, delayed release, 1 by mouth once a day #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary last updated 03/18/2014 - Proton Pump Inhibitors (PPI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 OF 127.

Decision rationale: This medication is a protein pump inhibitor. This is useful in the treatment for gastroesophageal reflux disease and can be considered a gastric protectant. However, when noting the date of injury, the injury sustained and the most recent progress notes, there are no complaints of any gastric distress. Therefore, there is no clinical indication for this medication based on the data presented for review. The request for Dexilant 60mg cap, delayed release, 1 by mouth once a day #90 is not medically necessary and appropriate.

Lidoderm 5% (700mg/patch) adhesive patch topically, once a day #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS. (Effective July 18, 2009) Page(s): 56 OF 127.

Decision rationale: This medication is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapies such as anti-epilepsy drugs. However, when noting there is diffuse neck pain and back pain with no specific neuropathic lesion, there is no clear clinical indication that this topical preparation has any indication. As such, based on the data presented in the progress notes there is insufficient information to establish the medical necessity for continued uses preparation. Therefore, the request for Lidoderm 5% (700mg/patch) adhesive patch topically, once a day #90 is not medically necessary and appropriate.