

Case Number:	CM14-0050452		
Date Assigned:	08/08/2014	Date of Injury:	12/28/1992
Decision Date:	09/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/24/2014

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, has a subspecialty in 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 67 year-old female with a reported date of injury of 12/28/1992. The mechanism of injury was due to a fall. Her previous treatments were noted to include spinal stenosis to the lumbar region, depressive disorder, post-laminectomy syndrome to the lumbar spine, chronic pain syndrome, sacroiliac (ligament) sprain, and carpal tunnel syndrome. Her previous treatments were noted to include surgery and medications. The progress note dated 07/24/2014 revealed the injured worker complained of ankle and back pain. The provider indicated surgery option and the injured worker wanted to think about it when she wanted to proceed. The progress note dated 07/08/2014 revealed the injured worker complained of back pain primarily in the middle back, lower back, gluteal area, and thighs. The pain radiated to the left and right thigh and the injured worker described it as deep and numbness. The injured worker demonstrated meaningful improvement in pain interference and/or function using validated instruments as well as quality of life. The injured worker has not experienced any side effects to the prescribed medication and has not experienced an overdose event during the current treatment episode. The injured worker indicated without medications, her pain rated 9/10 and with medications, 4/10. The injured worker indicated with medications, she was able to full daily home responsibilities and without medications, she was able to get dressed in the morning and perform minimal activities at home. The physical examination revealed normal findings. The injured worker walked with her torso flexed forward and with a cane with an antalgic gait. Her medication regimen was noted to include Hydroxyzine Pamoate 25 mg 1 as needed for itchiness caused by the opiates, OxyContin 20 mg extended release 2 by mouth 3 times a day for pain, Xenical 120 mg 1 twice a day for constipation caused by opioids, and Lidoderm 5% adhesive patch apply 4 to 5 patches as needed to painful areas, 12 hours on and 12 hours off. The Request for Authorization form was not submitted within the medical records. the request for Xenical 120

mg #60 for constipation, OxyContin 20 mg #270 for pain, Oxycodone HCl 30 mg #180 (the rationale was not provided), Lidoderm 5% patch #30 for pain, Hydroxyzine Pamoate 25 mg for itch caused by opiates, Hydromorphone HCl 8 mg #90 (the provider's rationale was not submitted), and Dextroamphetamine Sulfate 5 mg #80 (the provider's rationale was not submitted within the medical records).

IMR ISSUES, DECISIONS AND RATIONALES

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

Xenical 120mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601244.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The injured worker has been utilizing this medication since at least 03/2014. The California MTUS Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation when opiates are initiated. The injured worker has a history of taking multiple opiates; however, there is a lack of documentation regarding constipation and the previous request for opiate medication has been non-certified, and therefore, Xenical is not appropriate at this time. As such, the request is not medically necessary.

Oxycontin 20mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, MED calculator.

Decision rationale: The injured worker has been utilizing this medication since at least 03/2014. According to the California MTUS Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring (including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) should be addressed. The injured worker indicated her pain score without medications was 9/10 and with medications was 4/10. The injured worker indicated with medications, she was able to fulfill daily home responsibilities and without medications, she was able to get dressed and perform minimal activities at home. The injured worker denied any side effects and had not demonstrated any evidence of a current substance disorder; however, there is a lack of documentation as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief,

increased function, and absence of adverse effects, without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. The opioid MED calculator recommends 100 MED of Morphine daily and the combination of Oxycontin, Oxycodone, and Hydromorphone exceeds guideline recommendations. Additionally the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Oxycodone HCL 30mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, MED calculator.

Decision rationale: The injured worker has been utilizing this medication since at least 03/2014. According to the California MTUS Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring (including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) should be addressed. The injured worker indicated her pain score without medications was 9/10 and with medications was 4/10. The injured worker indicated with medications, she was able to fulfill daily home responsibilities and without medications, she was able to get dressed and perform minimal activities at home. The injured worker denied any side effects and had not demonstrated any evidence of a current substance disorder; however, there is a lack of documentation as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, increased function, and absence of adverse effects, without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. The opioid MED calculator recommends 100 MED of Morphine daily and the combination of Oxycontin, Oxycodone, and Hydromorphone exceeds guideline recommendations. Additionally the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Lidoderm 5% Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The injured worker has been utilizing this medication since at least 03/2014. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anti convulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. The guideline indications for topical Lidocaine is neuropathic pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. The injured worker does have complaints of neuropathic pain; however, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Hydroxyzine Pamoate 25mg: 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), Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety medications in chronic pain.

Decision rationale: The injured worker has been utilizing this medication since at least 03/2014. The Official Disability Guidelines recommend diagnosing and controlling anxiety is an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis. Benzodiazepines are not recommended for long-term use unless the patient is being seen by a psychiatrist. The documentation provided indicated the injured worker was prescribed this medication for itching due to opiate use; however, there is a lack of documentation regarding itching and the previous requests for opiates were non-certified and therefore, this medication is not warranted at this time. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Hydromorphone HCL 8mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, MED calculator.

Decision rationale: The injured worker has been utilizing this medication since at least 03/2014. According to the California MTUS Chronic Pain Medical Treatment Guidelines, the

ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring (including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) should be addressed. The injured worker indicated her pain score without medications was 9/10 and with medications was 4/10. The injured worker indicated with medications, she was able to fulfill daily home responsibilities and without medications, she was able to get dressed and perform minimal activities at home. The injured worker denied any side effects and had not demonstrated any evidence of a current substance disorder; however, there is a lack of documentation as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, increased function, and absence of adverse effects, without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. The opioid MED calculator recommends 100 MED of Morphine daily and the combination of Oxycontin, Oxycodone, and Hydromorphone exceeds guideline recommendations. Additionally the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Dextroamphetamine Sulfate 5mg #80: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dextroamphetamine: MedlinePlus.

Decision rationale: The injured worker has been utilizing this medication since at least 03/2014. Dextroamphetamine is used as part of a treatment program to control symptoms of attention deficit hyperactivity disorder (ADHD; more difficulty focusing, controlling actions, and remaining still or quiet than other people who are the same age) in adults and children. Dextroamphetamine is also used to treat narcolepsy (a sleep disorder that causes excessive daytime sleepiness and sudden attacks of sleep). Dextroamphetamine is in a class of medications called central nervous system stimulants. It works by changing the amounts of certain natural substances in the brain. There is a lack of documentation regarding the injured worker having attention deficit hyperactivity disorder or narcolepsy to warrant this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.