

Case Number:	CM14-0053985		
Date Assigned:	07/07/2014	Date of Injury:	10/21/2003
Decision Date:	08/14/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/22/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 Patient is a 41-year-old with a reported date of injury of 10/02/2003. The patient has the diagnoses of chronic low back pain, bilateral hip region pain, chronic bilateral lower extremity pain, bilateral lumbar radiculitis, multiple degenerative lumbar discs, plantar fasciitis, and pain induced depression. Past treatment modalities have included spinal cord stimulator and medications. Progress reports from the treating physician dated 02/20/2014 indicates the patient complains of more severe pain that is rated a 9.5/10. Physical exam shows tenderness to palpation and tightness across the lumbosacral area. Treatment plan consisted continuation of medications and a request for certification for physical therapy and aquatherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list: Hydromorphone (Dilaudid) Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients

taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Use the appropriate factor below to determine the Morphine Equivalent Dose (MED) for each opioid. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. (Washington, 2007). The documentation suggest the patient has even more pain than previously despite chronic opioid use. The medication has been titrated with still continued pain and minimal documented improvement in function. Though the patient is seeing pain management, the cumulative dose of opioid far exceeds the 120 mg oral morphine equivalent that is recommended. For these reasons the medication is not medically necessary.

Ambien CR 12.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 01/07/14): Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ambien.

Decision rationale: The California MTUS does not address zolpidem. Per the ODG: Ambien is a short acting non-benzodiazepine hypnotic, which is approved for the short term (usually two-six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. Ambien CR offers no clinical significant advantage over regular release zolpidem. The chronic use greater than 6 weeks of this medication is not per guidelines and thus the medication is not medically necessary.

Frovatriptan 2.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/18001261> Frovatriptan review.

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: FDA monogram frovatriptan.

Decision rationale: The California MTUS does not address frovatriptan. Frovatriptan (Frova) has the FDA indication for the treatment of acute migraine with or without aura. Use only if a clear diagnosis of migraine has been established. There is no documentation of a diagnosis of migraine headaches and thus the medication is not medically necessary.

Opana ER #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list: Oxymorphone (Opana), Oxymorphone Extended Release (Opana ER)
Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Use the appropriate factor below to determine the Morphine Equivalent Dose (MED) for each opioid. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. (Washington, 2007). The documentation suggest the patient has even more pain than previously despite chronic opioid use. The medication has been titrated with still continued pain and minimal documented improvement in function. Though the patient is seeing pain management, the cumulative dose of opioid far exceeds the 120 mg oral morphine equivalent that is recommended. For these reason the medication is not medically necessary.