MAXIMUS Federal Services

Case Number:	CM14-0059001		
Date Assigned:	07/09/2014	Date of Injury:	06/04/1993
Decision Date:	09/08/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/29/2014

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 63 year old female was reportedly injured on June 4, 1993. The mechanism of injury is described as occurring from lifting. The progress note, dated February 27, 2014, indicates that there are ongoing complaints of a recent visit to the hospital due to left upper extremity numbness and tingling. Diagnoses of lumbar degenerative changes with previous multiple operative interventions are provided. The physical examination documents only vitals. The clinician indicates that weaning of Oxycodone was occurring and recommends a reduction of Oxycodone by ten tablets. This represents a less than 5 percent reduction in morphine equivalent dosage (MED) over the course of a month. The current MED of all opiate medications combined is 360, reduced to 345 on this visit. An MRI obtained on October 7, 2010 demonstrates evidence of previous laminectomy at L3 to L5 with posterior fusion at L3 to S1, circumferential disc bulge is noted at T12 to L1, bilateral facet arthrosis is noted, and disc bulging is also noted at L1 to L3. A more recent MRI was obtained on November 27, 2013 and demonstrated similar findings of multilevel degenerative changes. Current medications include Amitriptyline, Hydroxyzine, Zanaflex, Baclofen, Xanax, Morphine Sulfate immediate release, and Oxycodone. There is no documentation dating back to at least December 2013 that this injured worker is utilizing anti-inflammatories. A more recent progress note dated June 11, 2014 indicates that the claimant presents with persistent complaints of low back pain and radiculopathy that is unchanged since last visit. The claimant is attempting to decrease usage of opiates. Again, the physical examination documents only vitals. The clinician also recommends a reduction of both Oxycodone and Morphine Sulfate immediate release. A request was made for Aciphex and was not certified in the preauthorization process on April 3, 2014. A request was made for Oxycontin, Morphine Sulfate immediate release, Atarax and was partially certified in the preauthorization process on April 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACIPHEX: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) supports the use of proton pump inhibitors for individuals at increased risk of gastrointestinal complications while concurrently utilizing oral anti-inflammatories. Based on the documentation provided, there is no clear indication that this individual has been utilizing oral anti-inflammatories. As such, Aciphex is not medically necessary.

OXYCODONE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-6.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) supports the use of opiate medications for individuals with chronic neuropathic pain. Based on clinical documentation provided, claimant has a history of previous lumbar spinal surgery with evidence of nerve root impingement on advanced imaging as well as complaints of chronic lower extremity radiculopathy and low back pain. However, the most recent clinical documentation does not provide physical examination findings of the vitals. Additionally when reviewing the documents, claimant notes worsening pain on number of occasions and there is no documentation of pain or function on the most recent progress note. While it is noted that this individual is under a pain contract and has been performing urine drug screens, the criteria for ongoing opioid management has not been met. As such, Oxycodone is considered not medically necessary.

MSIR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-76.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) supports the use of opiate medications for individuals with chronic neuropathic pain. Based on clinical documentation provided, claimant has a history of previous lumbar spinal surgery with evidence of nerve root impingement on advanced imaging as well as complaints of chronic lower extremity radiculopathy and low back pain. However, the most recent clinical documentation does not provide physical examination findings of the vitals. Additionally when reviewing the documents, claimant notes worsening pain on number of occasions and there is no documentation of pain or function on the most recent progress note. While it is noted that this individual is under a pain contract and has been performing urine drug screens, the criteria for ongoing opioid management has not been met. As such, MSIR is not medically necessary.

ATARAX: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

Decision rationale: The Official Disability Guidelines (ODG) supports both diagnosing and control anxiety is important part of the management of chronic pain. However, a diagnosis or clear indication for use of this medication has not been provided by the treating clinician. The ODG does support the use of Atarax or its generic or worked as an option for the management of generalized anxiety disorder. However, it is unclear if this is a diagnosis, or any other agents such as selective serotonin reuptake inhibitors have been attempted. As such, Atarax is not medically necessary.