

Case Number:	CM14-0067276		
Date Assigned:	08/06/2014	Date of Injury:	03/17/2005
Decision Date:	09/26/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/12/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of March 17, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; psychotropic medications; anxiolytic medications; earlier lumbar laminectomy surgery; and earlier knee replacement surgery. In a Utilization Review Report dated April 25, 2014, the claims administrator denied a request for trazodone, Percocet, oxycodone, diazepam, Cialis, omeprazole, and a follow-up visit. The applicant's attorney subsequently appealed. On March 7, 2014, the applicant reported persistent complaints of low back and knee pain. The applicant was apparently no longer in the police force, it was suggested, having retired in 2008. The applicant's low back pain and leg pain were progressively worsening over time, it was noted, exacerbated by activity. The applicant was using Percocet, omeprazole, OxyContin, oxycodone, Valium, trazodone, and Zocor, it was noted. Lumbar MRI imaging and lumbar x-rays with flexion and extension views were sought. In a June 9, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was on FiberCon, Prilosec, oxycodone, and Percocet, it was suggested. Trazodone is making the applicant sleepy, it was stated. The attending provider posited that the applicant's pain levels were improved with rest and medications. The applicant was getting up and doing some walking around his pool. The applicant was able to handle dishes, laundry, and do yard work. The applicant could handle more extensive shopping, provided he had help with heavy lifting. The applicant was going to movies, enjoying dinner, and walking his dog, it was stated. The applicant's pain levels would drop to 9/10 to 4-5/10 with medication consumption, it was further stated. A variety of agents, including Cialis, FiberCon, Prilosec, Desyrel, Valium, oxycodone, and Percocet were refilled. It was stated that the applicant would use trazodone at a lower dose

so as to avoid issues with oversedation. On January 30, 2014, the applicant was asked to follow up with [REDACTED], neurosurgeon. It was stated that the applicant had questionable lesion about the lumbar spine, possibly surgical scarring versus a cyst. It was stated that followup with a neurosurgeon to determine whether or not the issue was amenable to surgical correction was appropriate. The applicant was reportedly using Cialis to offset erectile dysfunction. Oxycodone, Percocet, trazodone, FiberCon, Prilosec, and Valium were endorsed. It was stated that Valium was being employed for muscle spasm purposes as often as three times daily. The applicant again stated his ability to stand, walk, lift, handle dishes, handle laundry, do grocery shopping, etc., was ameliorated with ongoing medication consumption. It was stated that Prilosec was being employed for gastric protective effect as opposed to treat actual symptoms of dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 50MG #90 (X4 REFILLS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13.

Decision rationale: While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend usage of antidepressants such as trazodone as a first-line option for neuropathic chronic pain issues, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should tailor medications and dosages to the individual applicant taking into consideration applicant-specific variables such as comorbidities, other medications, side effects, medication efficacy, etc. In this case, the applicant is having side effects with trazodone. The applicant is reporting oversedation with trazodone, when employed in conjunction with other agents. Continuing the same, on balance, does not appear to be indicated, particularly in light of the fact that the attending provider has requested 90-tablet 4-refill supply of the same, without any provision to reassess the applicant to ensure ongoing medication efficacy in lack of side effects with trazodone, both of which have been issues in the past. Therefore, the request is not medically necessary.

2. PERCOCET (OXYCODONE-ACETAMINOPHEN 10-325MG) Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78, 7.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. It is not clear why the applicant is using both short-acting oxycodone and Percocet. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider should incorporate some discussion of "cost" into his choice of recommendations. In this case, the attending provider has written on several occasions throughout the file that the applicant should receive brand-name Percocet. No rationale for selection of brand-name Percocet in lieu of generic variants of the same was offered by the attending provider. This, coupled with the fact that the applicant is using a separate short-acting opioid, oxycodone, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

OXYCODONE 20MG Qty 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the attending provider has seemingly suggested that ongoing opioid consumption has ameliorated the applicant's ability to perform grocery shopping, lifting, socializing, walking with his dog, etc. The attending provider has suggested that ongoing usage of oxycodone controlled release 20 mg/OxyContin has diminished the applicant's pain complaints. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

OXYCODONE 10MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, the attending provider has furnished the applicant with prescriptions for generic oxycodone and brand-name Percocet. No rationale for selection of two separate short-acting opioids was proffered by the attending provider. The decision to continue using two separate short-acting opioids runs counter to the principle articulated on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines to employ the lowest possible dose of opioids to improve pain and function. Therefore, the request is not medically necessary.

DIAZEPAM 5MG #90 (X2 REFILLS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, long-term usage of benzodiazepines beyond four weeks is not recommended, including for the muscle relaxant effect for which diazepam is seemingly being employed here. No rationale for selection and/or ongoing usage of diazepam at the 90-tablet, thrice daily, two-refill frequency and overall amount proposed by the attending provider was proffered so as to offset the unfavorable MTUS position on the same. Therefore, the request is not medically necessary.

CIALIS 20MG #8: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urologic Association (AUA), Management of Erectile Dysfunction Guidelines.

Decision rationale: The MTUS does not address the topic. While the American Urologic Association (AUA) does recommend 5 phosphodiesterase inhibitors such as Cialis as a first-line treatment for erectile dysfunction, the AUA qualifies the recommendation by noting that applicants on 5 phosphodiesterase inhibitor therapy should be periodically followed upon to discuss efficacy, side effects, and/or significant changes in health status. In this case, the attending provider has failed to discuss whether or not ongoing usage of Cialis has successfully ameliorated the applicant's issues of erectile dysfunction or not. Therefore, the request is not medically necessary.

OMEPRAZOLE (Unspecified Qty and Dose): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: The attending provider indicated that he was employing omeprazole for gastric protective purposes. Page 68 of the MTUS Chronic Pain Medical Treatment Guidelines does support prophylactic provision of proton pump inhibitor in applicants who are at heightened risk for gastrointestinal events. Such individuals include applicants age 65 years of age or

greater who are using NSAIDs, applicants who have a history of peptic ulcer disease, GI bleeding, and/or are using NSAIDs, applicants who are using multiple NSAIDs, and/or applicants who are using NSAIDs in conjunction with corticosteroids. In this case, however, there was no mention that the applicant is having any issues with prior GI bleeding, peptic ulcer disease, etc. There is no evidence that the applicant is at heightened risk for development of GI issues. The applicant does not appear to be using any NSAIDs or corticosteroids. For all of the stated reasons, then, the request for omeprazole is not medically necessary.

FOLLOW-UP WITH [REDACTED]: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 305, referral for surgical consultation is indicated in applicants who have clear clinical and imaging evidence of a lesion which has been shown to benefit from surgical repair. In this case, the applicant apparently has evidence of a lumbar cyst/pseudocyst/lipoma/scar formation which is generating residual radicular complaints, the primary treating provider has posited. Obtaining the added expertise of [REDACTED], neurosurgeon, to determine whether or not this issue is, in fact, amenable to surgical correction is indicated. Therefore, the request is medically necessary.