

Case Number:	CM14-0087288		
Date Assigned:	08/01/2014	Date of Injury:	02/12/2003
Decision Date:	10/14/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/10/2014

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:

Injured worker is a male with date of injury 2/12/2003. Per orthopedic surgery progress note dated 5/22/2014, the injured worker reports daily pain at 8-9/10 without the use of oxycodone and with the use of oxycodone pain decreases to 5-6/10, which is more manageable and allows him to be functional. He admits to having numbness and tingling as well as burning sensation in the right wrist that radiates to the right elbow. He does use right elbow sleeves as needed. He admits to having spasms in the right wrist and the right elbow as well. He is able to lift approximately 10-20 pounds; however, he admits that he cannot raise the right arm above shoulder level. He cannot extend the right elbow fully. He is currently not working. Pain does affect his sleep by waking him up at night. He also admits to feeling depressed on a regular basis due to chronic pain and decreased ability to do tasks due to the right elbow not able to fully extend. He uses hot and cold modalities for pain as needed. On examination he is not in acute distress. He is asymptomatic. He cannot extend the right elbow. He is able to flex the right elbow to approximately 150 degrees. Diagnoses include 1) Panner's syndrome status post multiple intervention to the elbow 2) mild wrist joint inflammation due to radioulnar joint dysfunction which is healing 3) depression 4) weight gain 5) hypertension, not controlled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 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 section, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: The MTUS guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The medical reports minimal pain improvement with the use of opioids, and do not indicate that function has improved as a result of the use of opioids. The injured worker has been injured for over 11 years, and has been treated chronically with opioid pain medications. There have been multiple reports by evaluating physicians of concerns with continued opioid use. Multiple utilization reviews have recommended weaning of opioids. The requesting physician reports pain reduction with improved function with the use of Oxycodone, however, the injured worker is not working and his improvement in function with the use of Oxycodone is not described. There are also reports of alcohol use and two motor vehicle accidents, yet aberrant drug behavior is not evaluated or addressed. Oxycodone 30 mg six times per day is a morphine equivalent dose of 270 mg, which is well in excess of the 120 mg ceiling recommended by the MTUS Guidelines. Medical necessity for this request is not established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Oxycodone 30mg # 180 is not medically necessary.

Xanax 1mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, PainAcoem guidelines, Opioids Guideline (2014) page 28

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

Decision rationale: The requesting physician explains that this prescription is for anxiety which is also due to intense pain level. The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. The request for Xanax 1 mg is determined to not be medically necessary. The request for Xanax 1mg #120 is not medically necessary.

Xanax 1mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, PainAcoem guidelines, Opioids Guideline (2014) page 28

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

Decision rationale: The requesting physician explains that this prescription is for anxiety which is also due to intense pain level. The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. The request for Xanax 1 mg is determined to not be medically necessary. The request for Xanax 1mg #120 is determined to not be medically necessary.

Protonix 20mg #60: 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 & Cardiovascular Risk section Page(s): 68-69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. A prescription for diclofenac was also not approved in prior utilization review; therefore the injured worker is no longer utilizing NSAID medications. The request for Protonix 20mg #60 is not medically necessary.

Oxycodone 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 section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The medical reports minimal pain improvement with the use of opioids, and do not indicate that function has improved as a result of the use of opioids. The injured worker has been injured for over 11 years, and has been treated chronically with opioid pain medications. There have been multiple reports by evaluating physicians of concerns with continued opioid use. Multiple utilization reviews have recommended weaning of opioids. The requesting physician reports pain reduction with improved function with the use of Oxycodone, however, the injured worker is not working and his improvement in function with the use of Oxycodone is not described. There are also reports of alcohol use and two motor vehicle accidents, yet aberrant drug behavior is not evaluated or

addressed. Oxycodone 30 mg six times per day is a morphine equivalent dose of 270 mg, which is well in excess of the 120 mg ceiling recommended by the MTUS Guidelines. Medical necessity for this request is not established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Oxycodone 30mg # 180 is not medically necessary.