MAXIMUS Federal Services

Case Number:	CM14-0090839		
Date Assigned:	09/10/2014	Date of Injury:	04/25/2005
Decision Date:	10/17/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/16/2014

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 has filed a claim for neck low back pain reportedly associated with an industrial injury of April 20, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy, earlier lumbar laminectomy surgery, adjuvant medications, and psychotropic medications. In a Utilization Review Report dated May 24, 2014, the claims administrator denied a request for Methadone, partially certified a request for MS Contin, denied a request for Oxycodone, denied a request for Fentora, partially certified a request for Aciphex, partially certified a request for Colace, partially certified a request for Lexapro, partially certified a request for Cymbalta, approved a urine drug screen, approved a follow-up visit, and approved catheter supplies. The applicant's attorney subsequently appealed. In a progress note dated August 26, 2014, the applicant reported persistent complaints of low back and leg pain, 7/10. The applicant presented to obtain refills of Ambien, Flector, and Lidoderm. The applicant apparently was given a prescription for Cialis. The attending provider reported, somewhat incongruously, in one section of the note that the applicant was "not represented" and then listed the name of the applicant's attorney in another section of the report. The applicant was on Abstral, Cialis, Fortesta, MS Contin, Neurontin, Percocet, Soma, Xanax, MiraLax, and Prilosec, it was stated. The applicant denied any new nausea; it was stated in the review of systems section of the note. Multiple medications were refilled. The applicant was asked to continue MS Contin, Percocet, Soma, Lexapro, Ambien, Xanax, Neurontin, Abstral, Cymbalta, Cialis, Fortesta, and Lidoderm. It was stated that the applicant had failed Abstral. In another section of the note, Ambien, Flector, and Lidoderm were all renewed. The applicant was described as permanent and stationary and did not appear to be working. 7/10 pain was reported. The applicant was using a sleep aid, it was suggested. In an earlier note dated July 1, 2014, the applicant again reported persistent complaints of pain. The applicant stated that he was stable.

The applicant was apparently performing intermittent urinary self-catheterizations, it was stated. Erectile dysfunction was also reported. The applicant was represented, it was acknowledged. Multiple medications were renewed. It was stated that the applicant was in the process of considering an intrathecal pump. A new lumbar support was endorsed. Urinary catheter was also sought. Multiple medications were renewed. On March 18, 2014, it was suggested in one section of the report that the applicant was working and permanent limitations were in place. The attending provider stated that the applicant was stable on current medications but was still having difficulty performing standing and walking tasks.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 prescriptions of Methadone 10mg #90 to be filled on 5/13/14 and 6/11/14: 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, When to Continue Opioids Page(s): 78 and 80.

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 not outlined why the applicant needs to use so many different opioids, including Methadone, MS Contin, Fentora, Oxycodone, etc. It is further noted that the applicant seemingly fails to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. It is further noted that the applicant seemingly fails to meet two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. While the applicant has reportedly returned to work as a project manager, the applicant continues to report pain as high as 7/10, despite ongoing usage of medications. The applicant is still having difficulty performing activities of daily living as basic as standing, walking, and sleeping, despite ongoing opioid therapy. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

2 prescriptions of MS Contin 30mg #180 to be filled on 5/13/14 and 6/11/14: 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 not established a compelling case for provision

of so many different opioids, namely Abstral, Methadone, Morphine, Oxycodone, etc. Therefore, the request is not medically necessary.

2 prescriptions of Oxycodone 20mg #120 to be filled on 5/13/14 and 6/11/14: 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): 86 and 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 not outlined a compelling case for provision of so many different opioid agents, namely Fentora, Methadone, MS Contin, and Oxycodone, all of which, taken together, result in overall opioid therapy in excess of the 120-mg oral Morphine equivalents recommended on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

2 prescriptions of Fentora 600mcg #56 to be filled on 5/13/14 abd 6/11/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Fentora Page(s): 47 and 86.

Decision rationale: As noted on page 47 of the MTUS Chronic Pain Medical Treatment Guidelines, Fentora, the article at issue here is deemed "not recommended" for musculoskeletal pain. It is further noted that continued usage of Fentora, in conjunction with the many other opioid agents which the applicant is using, namely Oxycodone, MS Contin, and Methadone, taken together, result in an overall opioid daily dosage well in excess of the 120-mg oral Morphine equivalents suggested on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

2 prescriptions of Aciphex 20mg #30 to be filled on 5/13/14 and 6/11/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Gastroenterological Association (AGA) Institute

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69 and 7.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Aciphex are indicated in the treatment of

NSAID-induced dyspepsia, in this case, however, 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 incorporate some discussion of medication efficacy into his choice of recommendations and, furthermore, incorporate some discussion of "other medications" into his choice of recommendations. In this case, the attending provider has not stated whether or not the applicant in fact has actual symptoms of dyspepsia, reflux, and/or heartburn, nor the attending provider stated whether usage of Aciphex has proven effective in ameliorating the same. Furthermore, the attending provider has not stated why the applicant needs to use separate proton pump inhibitors, namely Aciphex and Prilosec. Therefore, the request is not medically necessary.

2 prescriptions of Colace to be filled on 5/13/14 and 6/11/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid induced constipation.

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

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants on chronic opioid therapy. In this case, the applicant is using a variety of opioids, including Fentora, Oxycodone, MS Contin, etc. Concomitant provision of a laxative/stool softener, such as Colace, is therefore indicated. Accordingly, the request is medically necessary.

2 prescriptions of Lexapro to be filled on 5/13/14 and 6/11/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants to exert their maximal effect, in this case, it appears that the applicant has been using Lexapro, an antidepressant, for a span of several months. There has been no explicit discussion of medication efficacy. It has not been clearly established whether or not ongoing usage of Lexapro has ameliorated the applicant's issues with depression or not. Therefore, the request is not medically necessary.

2 prescriptions of Cymbalta be filled on 5/13/14 and 6/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Serotonin norepinephrine reuptake inhibitor (SNRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes weeks for antidepressants such as Cymbalta to exert their maximal effect, in this case, the applicant appears to have been using Cymbalta for a span of several months. There has been no explicit discussion of medication efficacy. The attending provider has not clearly outlined whether or not ongoing usage of Cymbalta, either alone or in combination with Lexapro, has, in fact ameliorated the applicant's depressive symptoms or not. Therefore, the request is not medically necessary.