

Case Number:	CM14-0188137		
Date Assigned:	11/18/2014	Date of Injury:	09/16/2011
Decision Date:	01/13/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/12/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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 48 year old female who was injured on 9/16/2011. The diagnoses are lumbar sprain, lumbar radiculopathy, hip pain and chronic pain syndrome. There are associated diagnoses of depression and insomnia. ██████████ noted a past history of PTSD, alcoholism and family abuse and significant past psychiatric treatment. On 8/13/2014, ██████████ noted subjective complaint of low back and right hip pain. The pain score was rated at 7/10 on a scale of 0 to 10. The orthopedist had recommended a total knee arthroplasty. There were limited documented objective findings. The medications are oxycodone for pain, Ambien for sleep and Alprazolam for anxiety. The patient is utilizing many topical compound products. Some of the products contain tramadol, amitriptyline, gabapentin and lidocaine. The UDS on 3/12/2014 was inconsistent with negative test for prescribed medications. A Utilization Review determination was rendered on 11/6/2014 recommending denial for Oxycodone 20mg #240 and Alprazolam 1mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20 mg, 240 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia, sedation and adverse interaction with other sedatives. The records indicate that the patient had utilized opioids for many years. There is significant history of concurrent use of other sedatives and alcohol. The UDS was inconsistent with the absence of prescribed oxycodone. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms be treated with oral anticonvulsant and antidepressant with analgesic properties. The patient is utilizing the medications topically. The criteria for the use of oxycodone 20mg #240 were not met. The guidelines recommend that patient with significant psychosomatic disorder be referred to psychiatry or addiction programs for safe weaning of high dose opioid medications. Therefore the request is not medically necessary.

Aprazolam 1 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Mental Illness and Stress

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines for the treatment of anxiety be limited to short term use. The chronic use of benzodiazepines is associated with the rapid development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedatives. The records indicate that the patient is utilizing topical amitriptyline that is guideline and FDA recommended for oral use for the treatment of depression, anxiety and pain. The topical gabapentin and tramadol are recommended in the oral route. The records show that the UDS was inconsistent with negative result for alprazolam and Oxycodone. The criteria for the use of alprazolam 1mg #60 were not met. Therefore the request is not medically necessary.