

Case Number:	CM14-0194683		
Date Assigned:	12/02/2014	Date of Injury:	06/02/2003
Decision Date:	01/14/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/20/2014

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 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:

According to the records made available for review, this is a 64-year-old female with a 6/2/03 date of injury. At the time (10/14/14) of request for authorization for 1 prescription for Norco 10/325mg #150, 1 prescription for Opana ER 10mg #20, 1 prescription for Protonix 40mg #30, 1 prescription for Ambien 10mg #30, and 1 prescription for Soma 350mg #90, there is documentation of subjective (right upper extremity pain) and objective (decreased sensation to light touch and pinprick in the entire right upper extremity, minimal swelling, moderate to severe dysesthesia, and decreased range of motion) findings, current diagnoses (reflex sympathetic dystrophy of the right upper extremity and secondary insomnia), and treatment to date (medications (including ongoing treatment with Norco, Opana, Soma, Ambien, and Protonix)). Medical report identifies that Norco allows the patient to remain functional with activities of daily living. Regarding 1 prescription for Norco 10/325mg #150, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding 1 prescription for Opana ER 10mg #20, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Opana use to date. Regarding 1 prescription for Protonix 40mg #30, there is no documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line treatment. Regarding 1 prescription for Ambien 10mg #30, there is no documentation of short-term (two to six weeks) treatment; and functional benefit or

improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Regarding 1 prescription for Soma 350mg #90, there is no documentation of short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Norco 10/325mg, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS -Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy of the right upper extremity and secondary insomnia. In addition, there is documentation of ongoing treatment with Norco. Furthermore, given documentation that Norco allows the patient to remain functional with activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription for Norco 10/325mg, #150 is not medically necessary.

1 Prescription for Opana ER 10mg, #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the

lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS -Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy of the right upper extremity and secondary insomnia. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Opana, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Opana use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription for Opana ER 10mg, #20 is not medically necessary.

1 Prescription for Protonix 40mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAIDs. MTUS- Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy of the right upper extremity and secondary insomnia. However, there is no documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line treatment. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription for Protonix 40mg, #30 is not medically necessary.

1 Prescription for Ambien 10mg, #30: 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) Chronic Pain Chapter, Zolpidem

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS -Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy of the right upper extremity and secondary insomnia. However, given documentation of ongoing treatment with Zolpidem, there is no documentation of short-term (two to six weeks) treatment. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zolpidem tartrate use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription for Ambien 10mg, #30 is not medically necessary.

1 Prescription for Soma 350mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS- Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy of the right upper extremity and secondary insomnia. In addition, given documentation of ongoing treatment with opioids, there is documentation of Soma used as a second line option. However, there is no documentation of muscle spasms. In addition, given documentation of ongoing treatment with Soma, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit and improvement as an increase in activity tolerance as a result of Soma use to date. Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg, #120 1 tablet every 6 hours as needed with 1 refill is not medically necessary.