MAXIMUS Federal Services

Case Number:	CM15-0103545		
Date Assigned:	06/09/2015	Date of Injury:	08/09/2001
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania
Certification(s)/Specialty: Internal Medicine

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 injured worker (IW) is a 64 year old female who sustained an industrial injury on 08/09/2001. The injured worker was diagnosed as having arthritis of right shoulder, infected elbow, Pseudomonas urinary tract infection, leukocytosis, failed right elbow arthroplasty, elbow joint replaced by other means. Additional diagnoses include hypertension, diabetes mellitus type 2, chronic obstructive pulmonary disease, tachycardia (from pain, stress, acute blood loss), and acute anemia. Treatment to date has included surgery for a revision of distal humerus, proximal ulnar replacement on 12/19/2013 using a custom elbow, and elbow arthroplasty (revision, right total) on 04/30/2015. In December 2014, the IW complained of right arm pain. She wore a sling on the right arm. Percocet was prescribed for pain. Plan at that time was for surgical revision of prosthetic elbow. Currently (05/18/2015), the IW is 14 days post op right shoulder osteotomy of the proximal humerus with removal of cement, removal of total elbow, reverse total shoulder arthroplasty, total elbow arthroplasty (revision, both humeral and ulnar components). She now has a wound vacuum on a complex wound closure of the elbow. An extensive medication list was documented which included Neurontin, protonix, vimovo (esomeprazole and naproxen), docusate-senna, and topiramate. Intravenous pain medication/patient controlled analgesia had been discontinued. The plan of care is for discharge with medication for control of pain, antibiotics, medications routinely taken daily for asthma, high cholesterol, chronic illness and depression. Physician notes indicate that pain was better controlled. On 5/26/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multivitamins: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: B vitamins and Vitamin B complex and Other Medical Treatment Guidelines Multiple vitamins: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: This injured worker is status post recent surgery to the shoulder and elbow. Multivitamins are indicated for the prevention and treatment of vitamin and mineral deficiencies and are labeled for over the counter use as a dietary supplement. The ODG states that B vitamins and vitamin B complex are not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency. In this case, there was no documentation of vitamin deficiency. The treating physician has not provided the reason for prescription of multivitamins. The requested prescription did not contain directions for use and is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of specific indication, and insufficiently specific prescription, the request for multivitamins is not medically necessary.

Oxycodone HCL 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic arm pain, with recent surgery to the shoulder and elbow. Opioids have been prescribed for at least five months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no documentation of functional goals, opioid contract, or return to work. Urine drug testing was discussed in the preoperative office notes. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics.

Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Change in activities of daily living and screening for aberrant drug-taking behaviors were not documented. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. As currently prescribed, oxycodone does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Pantoprazole sodium 40mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The documentation indicates that this injured worker has been prescribed vimovo and pantoprazole. Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were present for this injured worker. Vimovo contains naproxen and esomeprazole (which is also a PPI). Prescription of two PPIs is duplicative and unnecessary. PPIs are not benign. Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures, pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. There are no medical reports which adequately describe signs and symptoms of possible GI (gastrointestinal) disease. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of specific indication, potential for toxicity, and unspecified quantity requested, the request for pantoprazole is not medically necessary.

Topiramate 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Topamax (topiramate) has been shown to have variable

efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. This injured worker has chronic arm pain. There was no documentation of neuropathic pain. The physician has also prescribed gabapentin, and there was no discussion of failure of gabapentin or other anticonvulsants. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of specific indication, and unstated quantity requested, the request for topiramate is not medically necessary.

Bisacodyl 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids: Initiating Therapy [with opioids] Page(s): 77. Decision based on Non-MTUS Citation ODG chronic pain chapter: opioid induced constipation treatment.

Decision rationale: The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. This injured worker has chronic arm pain. Although oxycodone has been determined to be not medically necessary, hospital records indicate that the injured worker was also prescribed tramadol, another opiate. However, three separate medications for constipation were requested, including docusate/senna, bisacodyl, and milk of magnesia, which is duplicative. The Utilization Review determination has certified the request for docusate/senna. There was no documentation to support use of two additional laxatives. Also, the requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. As such, the request for bisacodyl is not medically necessary.

Diphenhydramine HCL 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: insomnia.

Decision rationale: This injured worker has chronic arm pain. The provider has not discussed the reason for prescription of diphenhydramine. It is possible that this medication is intended for the treatment of insomnia. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia was not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. The ODG states that sedating antihistamines have been suggested for sleep aids. Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, and drowsiness. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of sufficient evaluation for sleep disorder, and unstated quantity requested, the request for diphenhydramine is not medically necessary.

Milk of magnesia 30ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids: Initiating Therapy [with opioids] Page(s): 77. Decision based on Non-MTUS Citation ODG chronic pain chapter: opioid induced constipation treatment.

Decision rationale: The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. This injured worker has chronic arm pain. Although oxycodone has been determined to be not medically necessary, hospital records indicate that the injured worker was also prescribed tramadol, another opiate. However, three separate medications for constipation were requested, including docusate/senna, bisacodyl, and milk of magnesia, which is duplicative. The Utilization Review determination has certified the request for docusate/senna. There was no documentation to support use of two additional laxatives. As such, the request for milk of magnesia 30 ml is not medically necessary.

Post-op physical therapy, right elbow/shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12, 16, 27.

Decision rationale: This injured worker is two weeks status post right shoulder osteotomy of the proximal humerus with removal of cement, removal of total elbow, reverse total shoulder arthroplasty, total elbow arthroplasty (revision, both humeral and ulnar components). The MTUS post-surgical treatment guidelines specify 24 visits over 8 weeks for physical medicine treatment for elbow arthroplasty, and 24 visits over 10 weeks for physical medicine treatment for shoulder arthroplasty. The initial course of therapy representing half the number of visits specified in the general course of therapy for these surgeries would be 12 visits. With documentation of functional improvement, a subsequent course of therapy may be prescribed within the parameters of the general course of therapy. The current request is for an unspecified number of visits. An unspecified quantity can imply a potentially unlimited quantity, which is not medically necessary or indicated. As such, the request for Post-op physical therapy, right elbow/shoulder is not medically necessary.

Post-op occupational therapy, right elbow/shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12, 16, 27.

Decision rationale: This injured worker is two weeks status post right shoulder osteotomy of the proximal humerus with removal of cement, removal of total elbow, reverse total shoulder arthroplasty, total elbow arthroplasty (revision, both humeral and ulnar components). The MTUS post-surgical treatment guidelines specify 24 visits over 8 weeks for physical medicine treatment for elbow arthroplasty, and 24 visits over 10 weeks for physical medicine treatment for shoulder arthroplasty. The initial course of therapy representing half the number of visits specified in the general course of therapy for these surgeries would be 12 visits. With documentation of functional improvement, a subsequent course of therapy may be prescribed within the parameters of the general course of therapy. The current request is for an unspecified number of visits. An unspecified quantity can imply a potentially unlimited quantity, which is not medically necessary or indicated. As such, the request for Post-op occupational therapy, right elbow/shoulder is not medically necessary.