

Case Number:	CM15-0108883		
Date Assigned:	06/15/2015	Date of Injury:	09/18/2010
Decision Date:	09/17/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 is a 52 year old female, who sustained an industrial injury on 9/18/2010. She reported low back pain when picking up a box. The injured worker was diagnosed as having other pain disorders related to psychological factors, other affections of the shoulder region, fibromyalgia/myositis, lumbosacral spondylosis without myelopathy, lumbar herniated disc, lumbar degenerative disc disease, lumbosacral radiculopathy, and herpes simplex without mention of complication. Her history was significant for depression and anxiety. Treatment to date has included diagnostics, trigger point injections, and medications. Urine toxicology (1/14/2015) was inconsistent with prescribed medications and did not detect Fentanyl, Xanax, Ambien, or Abilify. Previous urine toxicology reports (5/2014 and 7/2014) noted tetrahydrocannabinol, not documented as prescribed. Currently, the injured worker complains of low back and bilateral leg pain. She was followed by a psychiatrist and was asking to increase her Cymbalta and requested trigger point injections for back spasm. Pain was rated at least was 6/10, and 10/10 at worst. A review of symptoms noted denial of gastrointestinal upset. Exam of the lumbar spine noted positive straight leg raise bilaterally, pain with palpation of bilateral facet joints L3-S1, pain on palpation of the lumbar paravertebrals, palpable twitch positive trigger points in the lumbar paraspinous muscles, and decreased and painful range of motion. Her work status was permanent and stationary. Medication refills were requested, noting no history of abuse, diversion, hoarding, or impairment. Prescribed medications included Abilify, Fentanyl patch, Lexapro, Lidocaine 5% patch, Omeprazole, Oxycodone, Ambien, and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5mg quantity 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 378-388. 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 antipsychotics and antidepressants can be utilized for the treatment of psychiatric disorders in chronic pain patients. The presence of untreated psychiatric conditions is associated with non-compliance and decreased efficacy of chronic pain treatments. The records indicate the presence of significant psychiatric disorders. The criteria for the use of Abilify 5mg #30 was met. The request is medically necessary.

Fentanyl 50mcg/hr quantity 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 36-37, 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids sedatives can be utilized for short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs, non-opioid co-analgesics and PT. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, opioid induced hyperalgesia state, addiction, sedation and severe adverse interaction with other sedative medications. The records indicate that the patient had continued to report severe pain without objective documentation of functional restoration despite utilizing high doses of opioids for many years. This is indicative of development of hyperalgesia state. There are much documentation of non-compliance and aberrant behavior as shown by inconsistent UDS reports. The guidelines recommend that chronic pain patients with significant psychiatric disorders be primarily treated with non-opioid anticonvulsant and antidepressant co-analgesics medications. A referral to multidisciplinary Pain Program or Addictions centers for safe weaning is advised when indicated. The criteria for the use of Fentanyl 50mcg/hr #10 were not met. The request is not medically necessary.

Lidocaine 5% quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic product can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications has failed. The records did not show that the patient had subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications. The criteria for the use of lidocaine 5% #60 were not met. The request is not medically necessary.

Omeprazole delayed release 20mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications. The records indicate that the patient have a significant history of NSAID induced gastritis and gastrointestinal upset. The omeprazole was noted to be effective in symptomatic control. There are no reported adverse effects associated with the use of omeprazole. The criteria for the use of omeprazole delayed release 20mg #30 was met. The request is medically necessary.

Oxycodone 30mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 124. 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 opioids sedatives can be utilized for short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs, non-opioid co-analgesics and PT. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, opioid induced hyperalgesia state, addiction, sedation and severe adverse interaction with other

sedative medications. The records indicate that the patient had continued to report severe pain without objective documentation of functional restoration despite utilizing high doses of opioids for many years. This is indicative of development of hyperalgesia state. There are much documentation of non-compliance and aberrant behavior as shown by inconsistent UDS reports. The guidelines recommend that chronic pain patients with significant psychiatric disorders be primarily treated with non-opioid anticonvulsant and antidepressant co-analgesics medications. A referral to multidisciplinary Pain Program or Addictions centers for safe weaning is advised when indicated. The criteria for the use of Oxycodone 30mg #120 were not met. The request is not medically necessary.

Ambien 10mg quantity 30 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. 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 sedatives can be utilized for short-term treatment of exacerbation of musculoskeletal pain and insomnia that did not respond to standard treatments with NSAIDs, non-opioid co-analgesics and PT. The chronic use of sedatives can be associated with the development of tolerance, dependency, daytime somnolence, addiction, sedation and severe adverse interaction with opioids medications. The records indicate that the duration of utilization of sedatives had exceeded the guidelines recommended maximum period of 4 to 6 weeks. There are much documentation of non-compliance and aberrant behavior as shown by inconsistent UDS reports. The guidelines recommend that chronic pain patients with significant psychiatric disorders be primarily treated with non-opioid anticonvulsant and antidepressant co-analgesics and be referred to multidisciplinary Pain Program or Addictions centers for safe weaning as indicated. The criteria for the use of Ambien 10mg #30 with one refill were not met. The request is not medically necessary.

Xanax 0.5mg quantity 70 with one refill: Upheld

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

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 anxiolytic and sedatives can be utilized for short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs, non-opioid co-analgesics and PT. The chronic use of anxiolytics and sedatives can be associated with the development of tolerance,

dependency, addiction, sedation and severe adverse interaction with sedative medications. There are much documentation of non-compliance and aberrant behavior as shown by inconsistent UDS reports. The guidelines recommend that chronic pain patients with significant psychiatric disorders be primarily treated with non-opioid anticonvulsant and antidepressant co-analgesics that have anxiolytic action. The criteria for the use of Xanax 0.5mg #70 with 1 refill were not met. The request is not medically necessary.