

Case Number:	CM15-0163863		
Date Assigned:	09/01/2015	Date of Injury:	09/06/2001
Decision Date:	10/23/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/20/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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 is a 56 year old female who sustained an industrial injury on 09-06-2001 resulting in injury to the right upper extremity and other body parts as the result of multiple assaults while working and repetitive use. Treatment provided to date has included: right wrist arthroscopy (2001, 2002 & 2003), physical therapy, chiropractic treatments, corticosteroid injection to the right index finger, psychiatric treatments medications, and conservative therapies/care. No diagnostic testing results were available for review. Other noted dates of injury documented in the medical record include: 07-24-2001. On 06-08-2015, physician progress report (PR) did not report any complaints of pain or other symptoms. The PR did note that the injured worker's history of present illness, location of pain, average pain levels, worst pain levels, amount of pain relief with medications, activity levels and side-effects of medications is listed on a hand written form; however, this was not available for review. Current medications include Exalgo, Dilaudid, Nuvigil, Amrix (cyclobenzaprine) ER, Aciphex (rabeprazole) DR, and Zolpidem. The injured worker did report that she had been working out for 40-50 minutes per day at least 4 times per week. The physical exam revealed. A discussion about lowering the injured worker's pain medications was noted and the injured worker indicated that she would possibly be agreeable to this in future visits. The provider noted diagnoses of pain in joint-forearm, myalgia and myositis (unspecified), spasms, other pain disorders related to psychological factors, major depressive disorder (single episode) mild, anxiety state (unspecified), and long-term (current) use of medications. Plan of care includes renewal of current medications and follow-up in 6-8 weeks. The injured worker's work status was not

mentioned in this report; however, a recent psychological progress report stated that the injured worker was permanently disabled from a psychological standpoint. The request for authorization and IMR (independent medical review) includes: Exalgo 12mg ER #120, Dilaudid 4mg #240, Nuvigil 150mg #30, Amrix (cyclobenzaprine) ER 15mg #30, Aciphex (rabeprazole) DR 20mg #30, Zolpidem 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 12 MG ER Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: Exalgo (hydromorphone) is an opioid pain medication. Exalgo extended-release tablets are used to treat moderate to severe pain. Exalgo extended-release tablets are for around-the-clock treatment of moderate to severe pain. According to California MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate, and the duration of pain relief. The MTUS also states that the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. "Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents." In this case, it was noted that the injured worker had been prescribed this medication for more than 6 months; however, there was no evidence of objective functional improvement and no evidence in a reduction in pain. There has been no documentation of this medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Without this documentation, medical necessity has not been established. Additionally, the progress reports demonstrate that the treating physician did not document: 1) the least reported pain over the period since last assessment; 2) intensity of pain after taking the opioid; 3) how long it takes for pain relief; 4) how long pain relief lasts; 5) improvement in pain; or 6) improvement in function. Furthermore, the injured worker was prescribed high doses of Dilaudid, which is also narcotic analgesic (opioid) for moderate to severe pain. This results in the injured worker being prescribed opioid medications that exceed the 120mg oral morphine equivalents. The requested treatment with Exalgo 12mg ER #120 is not medically necessary.

Dilaudid 4 MG Qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: 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. Hydromorphone (Dilaudid) is a short-acting opioid drug that is used to treat severe chronic pain, and is often used for intermittent or breakthrough pain. The MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also recommends ongoing assessment of appropriate use of opioids and side effects, and the discontinuation of opioids when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. Common side effects of Dilaudid include dizziness, sedation, nausea, vomiting, sweating, dry mouth and itching. Additionally, the MTUS also states that the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. "Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents." Upon review of the submitted documentation, it was noted that the injured worker had been prescribed this medication for more than 6 months; however, there was no evidence of objective functional improvement and no evidence in a reduction in pain. There has been no documentation of this medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Without this documentation, medical necessity has not been established. Additionally, the progress reports demonstrate that the treating physician did not document: 1) the least reported pain over the period since last assessment; 2) intensity of pain after taking the opioid; 3) how long it takes for pain relief; 4) how long pain relief lasts; 5) improvement in pain; or 6) improvement in function. Furthermore, the injured worker was prescribed Exalgo ER, which is also a narcotic analgesic (opioid) for moderate to severe pain. This results in the injured worker being prescribed opioid medications that exceed the 120mg oral morphine equivalents. Therefore, the request for Dilaudid 4mg #240 is not medically necessary.

Nuvigil 150 MG Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Chapter: Armodafinil (Nuvigil).

Decision rationale: Per the FDA, Nuvigil is used to treat excessive sleepiness caused by sleep apnea, narcolepsy, or shift work sleep disorder. The MTUS is silent in regards to this medication; therefore, alternative guidelines were referenced in this decision. The ODG states that Nuvigil is not recommended to solely counteract sedation effects of narcotics. "Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder." Upon review of the clinical notes in this case, there was no supported indication for the prescribing of this medication. Additionally, there was no evidence or complaints of excessive sleepiness caused by sleep apnea, narcolepsy or shift work disorder. As such, the request for Nuvigil 150mg #30 is not medically necessary.

Amrix (Cyclobenzaprine) ER 15 MG Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: 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. Cyclobenzaprine (brand names: Amrix, Flexeril and Fexmid; generic form: tabradol) is a centrally acting skeletal muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain) as they can reduce pain from muscle tension and possibly increase mobility. However, in most cases involving LBP, they provide no more benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine (Amrix, Flexeril, Fexmid and other generic forms) is recommended for a short course of treatment (with greatest effect within the first 4 days) and not recommended for long term use. Dosing recommendations: 5 mg three times a day can be increased to 10 mg three times a day. This medication is not recommended to be used for longer than 2-3 weeks. The clinical notes show that the injured worker has been prescribed cyclobenzaprine (Flexeril) for several months with insufficient evidence of spasms, reduction in pain, or improvement in function with the use of this medication. Furthermore, the MTUS does not recommend or support the long-term use (longer than 2-3 weeks) of muscle relaxants. The IW has been prescribed this medication for a minimum of 6 months. Therefore, the request for Amrix (Cyclobenzaprine) ER 15mg #30 is not medically necessary.

AcipHex Rabeprazole DR 20 MG Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Proton Pump Inhibitors.

Decision rationale: Aciphex (rabeprazole) is a proton pump inhibitor (PPI) which is used to treat heartburn, stomach ulcers, gastroesophageal reflux disease (GERD), esophagus damage and excessive amounts of stomach acid. The MTUS recommends PPIs (proton pump inhibitors) for injured workers with intermediate or high risk of gastrointestinal (GI) events. These include: 1) age >65; 2) history of peptic ulcer disease, GI bleeding or GI perforation; 3) concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or 4) high dose/multiple NSAIDs. The OGD states the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is harmless, but much information is available to demonstrate otherwise. After reviewing the medical documentation submitted for review, we have determined that there have been no GI complaints, history of GI bleeding or perforation, the injured worker is not >65 in age, and there is no evidence of prescribed high dose/multiple NSAIDs. Despite there being no clinical indications for the use of this drug class, it was noted that the injured worker has been prescribed a PPI for several months. There are no subjective symptoms documented in the record. Additionally, there are no physical exams documented. Therefore, we have determined that Aciphex (rabeprazole) 20mg #30 is not medically necessary.

Zolpidem 10 MG Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress: Insomnia & Insomnia Treatment.

Decision rationale: The MTUS (Medical Treatment Utilization Schedule) is silent in regards to the use of Ambien (zolpidem); therefore, alternative guidelines were consulted in the review and decision of this medication. The OGD states: "Recommend that treatment be based on the etiology, with the medications recommended below. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." The OGD recommends Ambien, a short-acting non-benzodiazepine hypnotic, for the short-term (7-10 days) treatment of insomnia. This medication is not recommended for long-term use as it can be habit-forming, and may impair function and memory more than opioid pain relievers. "There is also concern that it may increase pain and depression over the long-term." In this case, there is no ongoing complaints of insomnia. Additionally, the injured worker has been prescribed this medication for several months, but this medication is not recommended for long-term use (longer than 7-10 days). As such, the request for zolpidem (Ambien) 10mg #30 is not medically necessary.