

Case Number:	CM15-0168843		
Date Assigned:	09/09/2015	Date of Injury:	04/18/2001
Decision Date:	10/27/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 67-year-old male who sustained an industrial injury on 4-18-01. Progress report dated 7-31-15 reports the injured worker is still hurting and feeling very sick. Diagnoses include lumbar degenerative disc disease, intractable lower lumbar, bilateral lower extremity radiculopathy, insomnia, depression, chronic DVTs and situational stress. Plan of care includes urine drug screen, request ms contin ER #60 1 twice per day, norco 10-325 mg #240 2 every 6 hours, lexapro 10 mg #30 1 per day, miralax every day, pantoprazole 40 mg #30 1 per day. Follow up in 1 month. A report dated August 27, 2015 states that the patient is in pain all the time, and reports analgesia as "unsatisfactory." She has nausea and constipation as adverse effects. Urine drug testing and state database queries have been consistent. The treatment plan recommends continuing the patient's current medications. A progress report dated July 2, 2015 notes nausea, vomiting, and constipation as adverse effects and states analgesia is unsatisfactory. A report dated May 29, 2015 states that the patient's function has declined since medication taper. The note goes on to state that the patient has increased activity around the house when pain control is adequate and decreased when the medicine is decreased. The treatment plan goes on to recommend no further narcotic tapering as the patient's function has declined.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin ER 60mg #60: Overturned

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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for MS Contin ER 60mg #60, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears the patient's pain has worsened and function has declined since her medications have been reduced. An opiate agreement is in place, no aberrant behavior is identified, and regular monitoring is said to be consistent. It is acknowledged, that the requesting physician has not documented analgesic efficacy and functional improvement as a result of the patient's current dose of medications. However, it appears further decrease of medicine may further worsen the patient's function. A one-month supply of medication, as requested here, should allow the requesting physician time to better document analgesic efficacy and functional improvement from the patient's current medications. As such, the currently requested MS Contin ER 60mg #60 is medically necessary.

Norco 10/325mg #240: Overturned

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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco 10/325mg #240, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain.

Within the documentation available for review, it appears the patient's pain has worsened and function has declined since her medications have been reduced. An opiate agreement is in place, no aberrant behavior is identified, and regular monitoring is said to be consistent. It is acknowledged, that the requesting physician has not documented analgesic efficacy and functional improvement as a result of the patient's current dose of medications. However, it appears further decrease of medicine may further worsen the patient's function. A one-month supply of medication, as requested here, should allow the requesting physician time to better document analgesic efficacy and functional improvement from the patient's current medications. As such, the currently requested Norco 10/325mg #240 is medically necessary.

Benadryl 50mg #90 (Refill x 3): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph (updated 1/31/2011), Diphenhydramine (Benadryl).

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 treatment and Other Medical Treatment Guidelines x Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/diphenhydramine-capsules.html>.

Decision rationale: Regarding the request for diphenhydramine (Benadryl), California MTUS does not address diphenhydramine. ODG notes that sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. The FDA indications for diphenhydramine include use as an antihistaminic, in the management of motion sickness and parkinsonism, and as a nighttime sleep-aid. Within the documentation available for review, there is no documentation of any of the abovementioned conditions and a clear rationale for the use of this medication. If the medication is being used for nausea, there is no documentation indicating how the patient has responded to this medication to support its ongoing use. In light of the above issues, the currently requested diphenhydramine (Benadryl) is not medically necessary.

Pantoprazole 40mg #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 (ODG-TWC), Pain Procedure Summary, Proton Pump Inhibitors (PPI's).

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 (PPIs).

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for

gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.