

Case Number:	CM15-0180316		
Date Assigned:	09/22/2015	Date of Injury:	09/30/2005
Decision Date:	12/29/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old male, who sustained an industrial injury on 09-30-2005. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for disrupted pelvic fractures, and head, rib, left hip and low back injuries. Medical records (04-27-2015 to 08-10-2015) indicate ongoing left hip, low back and left thigh pain, and headaches. Pain levels were rated 5-7 out of 10 in severity on a visual analog scale (VAS). Additional complaints included poor concentration, difficulty sleeping, easily fatigued, anxiety, depression and irritability. Records also indicate no changes in activity levels. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-10-2015, revealed pain in the pelvic area on the left side and lower abdomen, sever pain with flexion and extension of the lumbar spine, limit range of motion in the lumbar spine, severe pain in the left hip and over the pelvic scars, and an antalgic gait. Relevant treatments have included: pelvic surgery, physical therapy (PT), injections without benefit, work restrictions, assistive devices, and medications. Current medications include Opana, Nexium, Cymbalta, Ambien, capsaicin cream and trazodone (since at least 04-2015) which were reported to be keeping the IW comfortable. The treating physician indicates that a urine drug screening (08-16-2015) was consistent with the medications prescribed to the IW. The PR and request for authorization (08-10-2015) shows that the following medications were requested: Opana ER 5mg (1 twice daily) #60, Cymbalta 60mg (1 at bedtime) #60, Zolpidem 10mg (1 at bedtime) #30, Nexium 40mg (1 every day) #30, and capsaicin cream 10% 4oz (apply twice daily). The original utilization review (09-01-2015) partially approved the request for Opana ER 5mg (1 twice daily) #60 (modified to

#30), and non-certified the requests for Cymbalta 60mg (1 at bedtime) #60, Zolpidem 10mg (1 at bedtime) #30, Nexium 40mg (1 every day) #30, and capsaicin cream 10% 4oz (apply twice daily).

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER (extended release) 5mg, 1 twice daily, #60 related to pelvic injury: 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, criteria for use, Opioids for chronic pain.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting improvement in participation of activities of daily living, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment, and discussion of monitoring for aberrant drug taking behavior (the 4 A's - Analgesia, Activities of Daily Living, Aberrant drug taking behavior, Adverse side effects). Within the records, it is noted that Opana was previously certified-modified to allow for weaning. Most recent PR-2 note did not mention the 4 A's. There is no mention of significant pain reduction using the VAS score or other validated measure attributed to Opana, or improvement in ADL participation. As such, this request is not medically necessary.

Cymbalta 60mg, 1 at bedtime, #60 related to pelvic injury: 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): Antidepressants for chronic pain.

Decision rationale: CA MTUS states that antidepressants are recommended as a 1st line option for neuropathic pain and a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should not only include pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality, and duration, and psychological assessment. While the injured worker has documented pain, and depression, there is no mention of improved function or pain using validated pain scores/measures attributed to the Cymbalta. There is no mention of Cymbalta improving depressed mood, irritability, or mood/outlook. As such, this request is not medically necessary.

Zolpidem 10mg, 1 at bedtime, #30 related to pelvic injury: 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) Ambien Section.

Decision rationale: According to the Official Disability Guidelines (ODG), Ambien is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. They are not recommended for long-term use. They can be habit-forming and impair function and memory more than opioid pain relievers. Within the submitted records, there is no mention of Ambien being effective in improving sleep duration, and quality. The long-term use of this agent is not supported and given the above, this request is not medically necessary.

Nexium 40mg, 1 everyday, #30 related to pelvic injury: 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 rationale: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). Those on NSAIDs at high risk for GI events should be considered for antacid therapy. Factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. There is no mention of dyspepsia secondary to NSAID or increased risk for GI events within the submitted records. As such, this request is not medically necessary.

Capsaicin cream 10% 4oz, apply 2 times daily, related to pelvic injury: 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): Capsaicin, topical.

Decision rationale: Capsaicin is supported in the MTUS for those individuals who are intolerant to other treatments, for the management of a chronic pain condition. The injured worker is known to have been receiving this capsaicin cream for at least several months, between September and July of 2015. There is no documented improvement in pain and/or function secondary to use of Capsaicin cream. Without knowing how effective this topical agent has been in reducing pain, this request is not medically necessary.

