

Case Number:	CM15-0183040		
Date Assigned:	09/23/2015	Date of Injury:	11/11/2005
Decision Date:	11/09/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/17/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for reflex sympathetic dystrophy (RSD) reportedly associated with an industrial injury of November 11, 2005. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve requests for hydromorphone, Lunesta, and omeprazole. The claims administrator referenced an August 10, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 3, 2015, the applicant reported ongoing complaints of low back and/or pelvic pain. The applicant's medications included Dulcolax, Duragesic, Norco, Colace, Cymbalta, Macrobid, MiraLax, Bactrim, Flomax, and Ambien and topical lidocaine, it was reported. The applicant's work status was not stated on this occasion. On a case management note of September 1, 2015, the applicant was described as having a poor prognosis insofar as ongoing issue with complex regional pain syndrome about the bilateral upper extremities was concerned. The applicant was periodically self-catheterizing, it was stated. The applicant had undergone earlier spinal cord stimulator implantation, it was suggested. The applicant's medications included Dulcolax, Cymbalta, Colace, Duragesic, Neurontin, Norco, Dilaudid, Macrobid, Prilosec, OxyContin, MiraLax, and Flomax, it was reported. The applicant was using Dilaudid at a rate of eight tablets a day, it was reported. The applicant was described as "overwhelmed" by her ongoing pain complaints. The claimant was on permanent disability, the treating provider reported. The applicant had elected not to return to work, it was acknowledged. On August 24, 2015, the applicant was described as having ongoing issues of depression associated with her various chronic pain complaints. On August 10, 2015,

the applicant apparently presented to continue medication refills. The applicant reported pain scores from 10/10 without medications versus 8/10 with medications. The attending provider contended that the applicant will not be able to socialize with friends and/or family without her medications, but did not elaborate further. The applicant was using Duragesic, Dilaudid, Prilosec, Cymbalta, Neurontin, and Lunesta, it was reported. Urinary retention remained a problem. Multiple medications were renewed. The applicant was off of work and on permanent disability, the treating provider acknowledged. The applicant's gastrointestinal review of systems was positive for constipation, it was stated. However, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 8mg 6/day: 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.

Decision rationale: No, the request for hydromorphone (Dilaudid), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, case management dated September 1, 2015 and office visit of August 9, 2015 suggested that the applicant was using a variety of long- and short-acting opioids to include Dilaudid, Duragesic, Norco, and OxyContin. The attending provider failed to furnish a clear or compelling rationale for concomitant usage of two separate short-acting opioids, Norco and Dilaudid (hydromorphone). Page 80 of MTUS Chronic Pain Medical Treatment Guidelines also stipulates that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, and receiving permanent disability benefits, it was suggested on the August 10, 2015 office visit at issue. Pain complaint as high as 8/10 were evident, despite ongoing hydromorphone (Dilaudid) usage. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with hydromorphone (Dilaudid). Therefore, the request was not medically necessary.

Lunesta 2mg #60 (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 (ODG) <http://odg-twc.com/odgtwc/pain.htm>.

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, Eszopiclone (Lunesta).

Decision rationale: Similarly, the request for Lunesta was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone notes that Lunesta is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, thus, the 60-tablet one-refill supply of Lunesta at issue represented treatment, which ran counter in ODG parameters. Therefore, the request was not medically necessary.

Omeprazole 20mg #30 (2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Pain Procedure Summary last updated 07/10/2014; Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Finally, the request for omeprazole (Prilosec), a proton-pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on the August 10, 2015 office visit at issue, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.