

Case Number:	CM15-0185694		
Date Assigned:	09/29/2015	Date of Injury:	06/15/2005
Decision Date:	12/01/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/21/2015

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 35 year old female who sustained an industrial injury June 15, 2005. According to a treating physician's progress notes dated August 13, 2015, the injured worker presented for follow-up and reports to still using oxycodone two tablets three times a day and Oxycontin 30mg 3 times a day although denied consistently in April, May, June, and July of 2015. The physician documented the injured workers last nerve studies in 2012 showed carpal tunnel findings, more on the right and weak findings of L5 radiculopathy with the absence of F-waves. She has not had any injections to the carpal tunnel since surgery. She complains of shooting pain from her low back to her left leg, more on the right. Her last epidural injection to the lumbar spine was noted as two years ago. She has access to a back brace and hot and cold wraps, a neck pillow and soft and rigid braces and a small TENS (transcutaneous electrical nerve stimulation) unit. Chores are done gingerly with the help of her children, lifting no more than 8 pounds, sitting and standing no more than 30 minutes of tolerance and walking up to an hour. Objective findings included; tenderness along the top of the thigh (unspecified) with decreased sensation; tenderness along the lumbar paraspinal muscles and pain with facet loading; gait is antalgic and wide-based. A toxicology report dated December 2014 is present in the medical record. Diagnoses are bilateral carpal tunnel syndrome, status post decompression; discogenic cervical condition with an MRI December 2011 showing bulging and C5-C7 foraminal narrowing; discogenic lumbar condition; epicondylitis bilaterally; ulnar nerve neuritis. At issue, is the request for authorization dated August 13, 2015, for Aciphex, Celebrex, Flexeril, Lunesta, Maxalt, Neurontin, Norflex, Oxycodone, Oxycontin, and Prilosec. According to utilization review dated August 20, 2015, the requests for Aciphex, Celebrex, Flexeril, Lunesta, Maxalt, Neurontin, Norflex, Oxycodone, Oxycontin, and Prilosec are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Regarding the request for omeprazole (Prilosec), 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. 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, the current request contains 2 different proton pump inhibitors, Prilosec and Aciphex without clear documentation of rationale of why both medications are needed. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Flexeril 7.5mg Qty: 60: 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): Muscle relaxants (for pain).

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Lastly, the patient is prescribed 2 different muscle relaxants, Flexeril and Norflex, without clear rationale of why both medications are needed. Given this, the current request is not medically necessary.

Oxycontin 30mg Qty: 90: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for Oxycontin (oxycodone ER), Chronic Pain Medical Treatment Guidelines state that Oxycontin 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, there is indication that the medication is improving the patient's pain by 30-50% and the patient is compliant with medication on a urine drug screen performed on 12/9/2014. However, specific examples of functional improvement were not provided, and there is no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycontin (oxycodone ER) is not medically necessary.

Oxycodone 5mg 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for oxycodone (Roxicodone), Chronic Pain Medical Treatment Guidelines state that oxycodone 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, there is indication that the medication is improving the patient's pain by 30-50% and the patient is compliant with medication on a urine drug screen performed on 12/9/2014. However, specific examples of functional improvement were not provided, and there is no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone (Roxicodone) is not medically necessary.

Celebrex 200mg 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Page 22 of the CPMTG states "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients." Within the documentation available for review, there is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, there is no documentation that the patient is at intermediate to high risk for gastrointestinal events. There is no documentation of failure of non-selective NSAIDs as the patient was previously Naproxen without documented treatment failure. Given this, the currently requested Celebrex is not medically necessary.

Aciphex 20mg Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Regarding the request for Aciphex, 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 Aciphex (a 2nd line proton pump inhibitor). Lastly, the current request contain 2 different proton pump inhibitors, Prilosec and Aciphex, without clear rationale of why these medications are both necessary. In the absence of clarity regarding those issues, the currently requested Aciphex is not medically necessary.

Neurontin 600mg Qty: 90: 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): Antiepilepsy drugs (AEDs).

Decision rationale: Regarding request for Gabapentin, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the current request is not medically necessary.

Norflex 100mg Qty: 60: 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): Muscle relaxants (for pain).

Decision rationale: Regarding the request for Norflex, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Norflex. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Lastly, the patient is prescribed 2 different muscle relaxants, Flexeril and Norflex, without clear rationale of why both medications are needed. In the absence of such documentation, the currently requested Norflex is not medically necessary.

Maxalt 10mg Qty: 24: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: Regarding this medication request, the California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, there is no indication that

the patient has met the criteria for the diagnosis of migraine headaches. Additionally, there is no documentation indicating how often headaches occur, and how the headaches have responded to the use of triptan medication. In the absence of clarity regarding those issues, the currently requested triptan is not medically necessary.

Lunesta 2mg Qty: 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.

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

Decision rationale: Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. With Eszopicolone (Lunesta), the guidelines state this agent "has demonstrated reduced sleep latency and sleep maintenance." It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the documentation available for review, there is no statement indicating what behavioral treatments have been attempted for the condition of insomnia. The ODG recommends non-pharmacologic treatments and education on behavior techniques and sleep hygiene as first line. Given this, the current request is not medically necessary.