MAXIMUS Federal Services

Case Number:	CM15-0190446		
Date Assigned:	10/02/2015	Date of Injury:	08/03/1999
Decision Date:	12/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/28/2015

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: Tennessee, Florida, Ohio
Certification(s)/Specialty: Surgery, Surgical Critical Care

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 56 year old female who reported an industrial injury on 8-3-1999, verses 8-3-2009. Her diagnoses, and or impressions, were noted to include: cervical radiculopathy with sensory deficit in the right cervical 6 dermatome, and right thumb, status-post cervical fusion; thoracic strain; bilateral residual carpal tunnel syndrome with paresthesia and pain, status-post bilateral carpal tunnel release; and depression, anxiety and constipation due to chronic pain and medication use. No current imaging studies were noted. Her treatments were noted to include surgeries; medication management with toxicology studies; and rest from work. The progress report of 8-11-2015 reported a follow-up visit which reported: that she was instructed by her insurance to find a new "MPN" primary care physician; history of cervical and thoracic spine pain, rated 4 out of 10, with bilateral upper extremity and shoulder pain, rated 2 out of 10, right > left, with numbness in the right hand, that increased with use and cold weather; bilateral wrist-hand tingling-numbness; continued neck pain that radiated to the right arm and right upper back, and at times to the lower extremity; and that she continued to find it helpful to go the gym. The objective findings were noted to include: review of previous medical records; decreased sensation in the right thumb (cervical 6 dermatome); tenderness in the thoracic spine, right > left; tenderness with slight spasms in the cervical para-cervical muscles, right > left, with the inability to perform Spurling's test and decreased cervical range-of-motion in all planes; and positive Phalen's sign with paresthesia of all digits in the right wrist-hand. The physician's requests for treatments were noted to include: brand name Percocet 5-325 mg every 4 hours as needed, #150; MS Contin 15 mg 1 x a day as needed, #12, to help perform activities of daily living; Ibuprofen

800 mg, twice a day as needed for pain-inflammation control, #60; Valium at 10 mg daily as needed, #10; and brand name Ambien 10 mg at bedtime for sleep, #30. The Request for Authorization, dated 8-27-2015, was noted for: Percocet 5-325 mg, #150; MS Contin 15 mg, #12; Ibuprofen 800 mg, #60; Valium 10 mg, #10; and Ambien 10 mg, #30. The Utilization Review of 9-3-2015 non-certified the request for: Percocet 5-325 mg, #150; MS Contin 15 mg, #12; Ibuprofen 800 mg, #60; Valium 10 mg, #10; and Ambien 10 mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #150: 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.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Norco is not medically necessary.

MS Contin 15mg #12: 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.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative

dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for MS Contin is not medically necessary.

Ibuprofen 800mg #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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend routine use of NSAIDS due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, the request for Ibuprofen prescription is not medically necessary and has not been established.

Valium 10mg #10: 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): Benzodiazepines.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines state that Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." The guidelines go on to state that, "chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." This patient has been documented to have anxiety and agitation on physical exam. The medical records indicate that she has chronic pain syndrome with thoracic symptoms, which are non-diagnostic. Use of Valium for longer than 4 weeks is not recommended in this situation. Therefore, based on the submitted medical documentation, the request for Ativan prescription is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress, Zolpidem.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this medication. Per the Official Disability Guidelines (ODG), "zolpidem is not recommended for long-term use." The clinical records submitted do support the fact that this patient has a remote history of insomnia. However, the records do not support the long-term use of this medication for that indication. Specifically, the patient's most recent clinical encounters do not document signs or symptoms of current insomnia. Therefore, based on the submitted medical documentation, the request for zolpidem is not medically necessary.