

Case Number:	CM15-0192710		
Date Assigned:	10/06/2015	Date of Injury:	09/03/2002
Decision Date:	12/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/30/2015

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: New York

Certification(s)/Specialty: Internal 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:

This 61 year old female sustained an industrial injury on 9-3-02. Documentation indicated that the injured worker was receiving treatment for chronic pain with lumbar radiculopathy, right hip pain and right shoulder pain. Previous treatment included right shoulder surgery, physical therapy, psychiatric care, group therapy and medications. In a pain medicine reevaluation dated 1-21-15, the injured worker complained of neck, low back, right shoulder and left hand pain, rated 10 out of 10 without meds and 6 to 7 out of 10 with medications. Physical exam was remarkable for cervical spine with tenderness to palpation at C4-7, lumbar spine with tenderness to palpation at L4-S1 with spasms, range of motion: flexion 50 degrees, extension 10 degrees, bilateral lateral bend 30 degrees, pain upon range of motion and decreased sensation and strength to bilateral lower extremities with positive bilateral straight leg raise, tenderness to palpation to the right shoulder with "decreased" range of motion, sensation and strength and tenderness to palpation at the right hip. The injured worker reported having daily limitations in self-care, hygiene, ambulation, hand function and sleep. The treatment plan included continuing medications (Cyclobenzaprine, Lidoderm patches, Norco, Omeprazole, Fentanyl patch and Fluoxetine). In a PR-2 dated 2-18-15, the injured worker rated her pain 5 to 6 out of 10 with medications. In PR-2's dated 3-18-15, 4-15-15, 6-10-15 and 8-5-15, the injured worker rated her pain 10 out of 10 without medications and 7 to 8 out of 10 with medications. In a pain medicine reevaluation dated 8-5-15, the injured worker complained of neck and low back pain with muscle spasms and radiation down bilateral upper and lower extremities associated with numbness and tingling. The injured worker rated her pain 10 out of 10 on the visual analog scale without medications and 7 to 8 out of 10 with medications. The injured worker also reported

having medication associated gastrointestinal upset. The injured worker reported 50% improvement in mood, sleeping and sleeping in bed due to current medications. The injured worker reported that she was unable to perform many of her household tasks due to pain and was requesting home health assistance. Physical exam was unchanged. The treatment plan included continuing home exercise and renewing current medications (Ambien, Cyclobenzaprine, Lidoderm patches, Norco, Omeprazole, Fentanyl patch and Fluoxetine). On 8-31-15, Utilization Review noncertified a request for pharmacy purchase of Norco 10-325mg #90, Omeprazole 20mg #30, Fentanyl 12cmg-hr patch #10 and Fluoxetine cap 60mg #0.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Norco 10-325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic radicular neck and low back pain. Documentation fails to demonstrate adequate objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Pharmacy purchase of Norco 10-325mg #90 is not medically necessary.

Omeprazole cap 20mg #30: Upheld

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

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

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent

ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Omeprazole. The request for Omeprazole cap 20mg #30 is not medically necessary per guidelines.

Fentanyl Dis 12mcg/hr #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): Opioids for chronic pain.

Decision rationale: Fentanyl transdermal is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Patches are worn every 72 hours. The injured worker complains of chronic radicular neck and low back pain. Documentation fails to demonstrate adequate objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment and lack of meeting MTUS guidelines, the request for Fentanyl Dis 12mcg/hr #10 is not medically.

Fluoxetine Cap 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Selective Serotonin Reuptake Inhibitors (SSRIs), are not recommended as a treatment for chronic pain. In addition, these drugs have not been shown to be effective for low back pain. The main role of SSRIs is in treating psychological symptoms associated with chronic pain. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Documentation shows that the injured worker reports improvement in mood with Fluoxetine. However, physician reports fail to show improvement in pain or level of function to establish the medical necessity for ongoing use of this medication. The request for Fluoxetine Cap 60mg #30 is not medically necessary by MTUS.