

Case Number:	CM15-0032559		
Date Assigned:	02/26/2015	Date of Injury:	02/06/2006
Decision Date:	07/17/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/20/2015

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: Pediatrics, 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:

The injured worker is a 54 year old female, who sustained a work/ industrial injury on 2/6/06. Mechanism of injury was not documented. She has reported symptoms of right hand pain, wrist pain, and numbness and tingling. The diagnoses have included cervical spine sprain/strain, complex regional pain syndrome, right upper extremity, recurrent carpal tunnel syndrome, recurrent lateral epicondylitis, right elbow, symptoms of anxiety and depression, insomnia, elevated blood pressure. Treatments to date included internal medicine and medication. The treating physician's report (PR-2) from 11/21/14 indicated the IW complaining of pain in the right wrist and hand with numbness and tingling in the hand and cramping in the right hand. Exam noted tenderness over the right radial aspect of the wrist and hand. Range of motion was within normal range. Blood pressure was normal. There was a notable ganglion cyst on the right wrist. A request was made for the medication (Norco, Ultram, Fexmid, OxyContin, Neurontin, Xanax, Prilosec, Ambien, and Lasix) with report of benefit. On 1/28/15, Utilization Review non-certified a Norco 10/325mg quantity 120; Ultram Extended Release 150mg quantity 60; Fexmid 7.5mg quantity 120; OxyContin 30mg quantity 60; Neurontin 300mg quantity 80; Xanax 0.5mg quantity 60, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines. On 1/28/15, Utilization Review non-certified a Prilosec 20mg quantity 60; Ambien 10mg quantity 30, citing Official Disability Guidelines (ODG) and Lasix, citing Non-MTUS: the Mosby's Drug Consult, Furosemide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Pain Procedure Summary, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to MTUS guidelines, it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. There was no notation of GI bleeding or perforation and no documentation of an ulcer and the IW is not documented to be on NSAID's. This request is not medically necessary or appropriate.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; 4) On-Going Management; 6) When to Discontinue Opioids; 7) When to Continue Opioids for chronic pain Page(s): 78-80.

Decision rationale: The IW has been on long term opioids, which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and appropriate.

Ultram ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; 4) On-Going Management; 6) When to Discontinue Opioids; 7) When to Continue Opioids for chronic pain Page(s): 78-80.

Decision rationale: The IW has been on long term opioids, which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and appropriate.

Fexmid 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Sedating Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Non Sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Cyclobenzaprine is recommended as an option for muscle spasms using a short course of therapy. Treatment should be brief, no longer than 2-3 weeks. There is no clear evidence in the notes provided that the IW has benefit from the muscle relaxer and at this time frame routine use of these medications is not indicated. The documentation does not reference any muscle spasm that the Fexmid would be used for and at this time frame it is not indicated. The request 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 Official Disability Guidelines Treatment in Workers' Compensation Pain Procedure Summary.

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

Decision rationale: Per ODG pharmacological agents for insomnia should only be used after careful evaluation of potential causes of sleep disturbance for the etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. There is no discussion of an investigation into the origin of the sleep disturbance and non-pharmacological interventions that may have been utilized. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose of zolpidem for women should be lowered from 10 mg to 5 mg for IR products. This request is not medically necessary and appropriate.

Oxycontin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; 4) On-Going Management; 6) When to Discontinue Opioids; 7) When to Continue Opioids for chronic pain Page(s): 78-80.

Decision rationale: The IW has been on long term opioids, which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable.

Neurontin 300mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 15-19.

Decision rationale: MTUS guidelines state that antiepileptic drugs are recommended for neuropathic pain. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Neurontin has been considered as a first-line treatment for neuropathic pain. The patient should be asked at each visit as to whether there has been a change in pain or function. Due to the lack of documented neuropathy the request is not medically necessary and appropriate.

Lasix 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Furosemide.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com - Overview of hypertension in adults.

Decision rationale: Hypertension is defined as the average of two or more properly measured readings at each of two or more office visits after an initial screen of a systolic of greater than 140 mmHg or diastolic of greater than 90 mmHg. In the absence of a specific indication, there are four main classes of drugs that are used for initial monotherapy, thiazide diuretics, long-acting calcium channel blockers (most often a dihydropyridine), angiotensin-converting enzyme (ACE) inhibitors, and angiotensin II receptor blockers (ARBs). The documentation notes

elevated blood pressure without a diagnosis of hypertension and that the Lasix was for water retention without mention of edema on exam. Due to not having a diagnosis of hypertension and no history of intolerance or failure of first line treatments this request is not medically necessary.

Xanax 0.5mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines benzodiazepines, like Xanax, 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. According to the progress notes the IW has been using benzodiazepines for a prolonged time. This request is not medically necessary and appropriate.