

Case Number:	CM15-0040026		
Date Assigned:	03/10/2015	Date of Injury:	07/23/2008
Decision Date:	04/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/03/2015

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: Family Practice

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 57 year old female sustained a work related injury on 07/23/2008. According to a progress report dated 01/16/2015, pain level had increased since the last visit. Pain was rated 6 on a scale of 1-10 with medications and 8 without medications. Quality of sleep was poor. She was not trying any other therapies for pain relief. She reported that medications were working well with no reported sided effects. She reported increased neck pain followed by muscle spasms. Current medications included Salonpas patch, Tiger Balm ointment, Colace, Exalgo ER, Percocet, Pepcid, Ibuprofen, Zanaflex, Robaxin, Losartan Potassium, Norvasc, Prilosec, Simvastatin and Synthroid. Urine drug screen from 10/13/2010 was positive for opiates and appropriate. Diagnoses included shoulder pain, hand pain, carpal tunnel syndrome and extremity pain. The provider noted that medications were working well and allowed her to take care of her ailing husband who had dementia. With medications she could stand, walk, cook and clean for longer periods of time. She could perform household tasks for 45 minutes to an hour at a time. Without medications she could only do those tasks for 10 to 15 minutes at a time. She continued to have persistent neck pain with radicular symptoms down the right arm that was tempered by medications with at least 50 percent reduction of pain. She had failed Gabapentin/Neurontin in the past. It made her very ill. She deferred cervical epidural steroid injection. She had previous gastrointestinal upset but it had been controlled with Pepcid. The injured worker wanted to change back to Zanaflex for spasm. She alternated between Robaxin and Zanaflex. The muscle relaxants were not for concurrent use. According to the provider refills for other meds at current

doses were given for 8 weeks. CURES and urine drug screen was checked on 10/03/2014 and was appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pepcid 40mg Tablet #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient receives treatment since a work-related injury since 07/23/2008. The patient has chronic shoulder pain and upper extremity pain. Famotidine is a histamine H2-receptor antagonist, which can be used to treat heart burn and indigestion over the short term. Histamine H2-receptor antagonists, rapidly lose effectiveness after 2-3 weeks. They are not medically indicated to treat these symptoms over the long term. While PPIs may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDs, histamine H2-receptor antagonists are not medically appropriate. There is no documentation that this patient is at risk for GI bleeding or perforation from NSAIDs. The documentation does not mention these risk factors. For these reasons, famotidine is not medically indicated.

Percocet 10/325mg #150 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment since a work-related injury since 07/23/2008. The patient has chronic shoulder pain and upper extremity pain. The patient has become opioid dependent and takes 50 mg of oxycodone daily. Oxycodone is medically indicated for the short-term management of moderate to severe pain. This patient exhibits opioid tolerance and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. Based on the documentation, treatment with Percocet 10/325 mg is not medically necessary.

Exalgo ER 8mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic pain since a work-related injury on 07/23/2008. The patient has chronic shoulder pain and upper extremity pain. Hydromorphone ER is a potent, long-acting opioid. This patient also takes Percocet 10/325 mg. The combined Morphine Equivalent Dose (MED) is 107 (32 + 75). This dose is close to the 120 MED levels considered very high and not recommended. This patient has become opioid dependent, exhibits opioid tolerance, and exhibits opioid induced hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with Exalgo ER 8mg is not medically necessary.