

Case Number:	CM15-0053477		
Date Assigned:	03/26/2015	Date of Injury:	08/06/2008
Decision Date:	05/13/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/20/2015

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: California, Washington

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 45-year-old female who reported an injury on 08/06/2008. The mechanism of injury was not specifically stated. The current diagnoses include chondromalacia of the patella, osteoarthritis of the right knee, sprain of the right knee, ACL tear, chronic pain syndrome, depression, low back pain, left shoulder pain, and osteoarthritis of the left shoulder. The injured worker presented on 02/16/2015 for a follow-up evaluation regarding the right knee, left shoulder, low back, and depression. The injured worker attended 1 physical therapy session and suffered a flare up of low back pain. The provider had previously recommended aquatic therapy. It was also noted, the injured worker had been evaluated by an orthopedic specialist for the left shoulder, where she received a cortisone injection and a referral to physical therapy. The injured worker utilizes a TENS unit for low back pain; however, reported a lack of benefit. With regard to medication management, the injured worker utilizes Percocet, OxyContin, Restoril, and Duexis. The injured worker utilizes Colace for constipation caused by OxyContin and Percocet. The injured worker also utilizes Cymbalta to help with depression secondary to chronic pain. Upon examination, there was an antalgic gait, tenderness to palpation over the entire right knee, decreased flexion and extension of the right knee, intact sensation in the bilateral lower extremities, tenderness over the lumbar paraspinal muscles, and increased pain with extension of the lumbar spine. Recommendations at that time included an H-wave stimulator unit, as well as continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids specific drug list Page(s): 92, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 10/2014. There is no documentation of objective functional improvement despite the ongoing use of this medication. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

Restoril 30mg, #30: Upheld

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

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

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. The injured worker does not maintain a diagnosis of anxiety disorder or insomnia. The medical necessity for the requested medication has not been established. Guidelines do not support long term use of benzodiazepines. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Oxycontin 15mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids specific drug list Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 10/2014. There is no documentation of objective functional improvement despite the ongoing use of this medication. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

Cymbalta 60mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. In this case, the injured worker has continuously utilized the above medication without mention of functional improvement. The medical necessity for the ongoing use has not been established in this case. There is no frequency listed in the request. Given the above, the request is not medically appropriate.

Duexis 800/26.6mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation ODG Pain (updated 2/23/15) Duexis (ibuprofen & famotidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, the medical rationale for a combination medication was not provided. There is no documentation of an acute flare up of chronic pain. The guidelines do not support long term use of NSAIDs. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Colace 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take before a therapeutic trial of Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid induced constipation treatment.

Decision rationale: The California MTUS Guidelines recommend initiating prophylactic therapy of constipation when also initiating opioid therapy. The Official Disability Guidelines state first line treatment for opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. There is no documentation of a failure of first line treatment prior to the initiation of a prescription product. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.