MAXIMUS Federal Services

Case Number:	CM15-0068288		
Date Assigned:	04/16/2015	Date of Injury:	08/15/1990
Decision Date:	07/14/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/10/2015

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 55 year old male, who sustained an industrial injury on 08/15/1990. On 03/02/2015, the injured worker was seen for neck pain, lower backache and right lower extremity pain. Pain with medications was rated 6 on a scale of 1-10 and 8 without medications. He was currently being treatment by another provider for venous insufficiency of the right lower extremity. Current medications included Omeprazole, Biotene mouth wash, Evoxac, Toradol, Ambien, Zoloft, Flexeril, Morphine Sulfate IR, Celebrex and Nabumetone. A urine toxicology dated 01/27/2014 was noted as normal. Treatment to date has included electrodiagnostic studies, MRI, medications and epidural steroid injection. Diagnoses included mood disorder other dis, disc disorder cervical, spinal/lumbar degenerative disc disease, low back pain and cervical pain. Prescriptions were given for Pepcid, Biotene mouthwash, Evoxac, Flexeril, Zoloft, Omeprazole, Toradol, Morphine Sulfate and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pepcid 20mg #30: Upheld

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

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 the use of gastrointestinal protectants in conjunction with NSAID use is to be based on risk factors and if required a proton pump inhibitor is to be initiated. There were no risk factors or history of gastrointestinal problems noted in the chart. 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. Famotidine is not proton pump inhibitor and would not be indicated. This request is not medically necessary or appropriate.

Biotene Mouthwash #1 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2647960.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com - Treatment of dry mouth and other non-ocular sicca symptoms in Sjögren's syndrome.

Decision rationale: MTUS and ODG guidelines do not comment on Biotene. Biotene is used for relief of dry mouth and throat in xerostomia or hyposalivation; adjunct to standard oral care in relief of symptoms associated with chemotherapy or radiation therapy-induced mucositis. Treatment of dry mouth due to salivary gland hypofunction aims to alleviate symptoms and prevent complications. Thus, stimulation of existing salivary flow and replacement of salivary secretions, along with close attention to dental care, are major aspects of treatment. Treatment approach includes the following - basic measures for self care to stimulate oral secretions and prevent oral dryness and dental caries, as well as regular preventive dental care and the use of artificial saliva in patients who receive insufficient benefit from topical stimulants of salivary flow or water or who have excessive water intake. Evaluation of response to therapy, the response to therapy may be evaluated by ongoing assessment for common clinical signs of dry mouth. In addition to patient-reported dryness, these include difficulty with swallowing or speech due to dryness, absence of a pool of saliva on the floor of the mouth, lipstick sign? (spreading of the patient's lipstick onto teeth), sticking of a gloved finger to the mucosa, frequent occurrence of erythematosus oral candidiasis, atrophic glossitis (or lack of papilla) on the tongue, atypical dental caries at the gingival margin and/or incisal regions. There is no notation of trial of increasing fluid intake or stimulation of secretions. The request is not medically necessary.

Evoxac 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://reference.medscape.com/drug/evoxac-cevimeline-342064.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com.

Decision rationale: MTUS and ODG guidelines do not comment on Evoxac. Evoxac is FDA approved for treatment of symptoms of dry mouth in patients with Sjgren's syndrome. There is no notation in the documentation that the IW has Sjogren's syndrome. The request is not medically necessary.

Flexeril 10mg #60: Upheld

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

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

Decision rationale: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. The documentation does not reference muscle spasm that the Flexeril would be used for and at this time frame it is not indicated. This request is not medically necessary or appropriate.

Zoloft 50mg #30: Upheld

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

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

Decision rationale: Per MTUS guidelines, antidepressants are recommended as a first line option for neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. There is no notation in the medical records of the IW failing a first line agent. Additionally, Zoloft is a SSRI and more information is needed regarding the role of SSRIs and pain before a recommendation can be made. The request is not medically necessary or appropriate.

Omeprazole DR 20mg#60: Upheld

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

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 symptoms or a history of risk factors and the notes indicate that this was discontinued. This request is not medically necessary or appropriate at this time.

Toradol 10mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary.

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: Ongoing use of an opioid should 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. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The medical records provided do not clearly document decreased pain, increased activities and lack of adverse reactions. This request is not medically necessary or appropriate.

Morphine Sulfate 15mg #90: Upheld

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

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 Injured Worker has been on long term opioids which are 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 or reasonable.