MAXIMUS Federal Services

Case Number:	CM15-0071336		
Date Assigned:	04/29/2015	Date of Injury:	05/14/1993
Decision Date:	09/01/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/14/2015

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:

The injured worker is a 58 year old female, who sustained an industrial injury on 5/14/1993. Diagnoses include cervical and lumbar radiculitis with lumbar spine injury, fibromyalgia, ongoing severe musculoskeletal pain, acid peptic disease with mild reflux esophagitis, irritable bowel syndrome, chronic headaches, sleep disorder, chronic fatigue with daytime hyper somnolence secondary to sleep disorder, anxiety and depression and long term history of taking narcotic pain medications with secondary constipation. Treatment to date has included surgical intervention (lumbar laminectomy 9/1996), diagnostics, medications and consultations. Per the most recent Primary Treating Physician's Internal Medicine Comprehensive Report dated 10/18/2013, the injured worker reported lower back pain with radiation to the right side and burning epigastric pain. Physical examination revealed a soft, nontender abdomen with normoactive bowel sounds. There was no documentation of a lower back examination. The plan of care included medications and authorization was requested for Norco, Oxycontin, Xanax, Floricet, Ambien and Prevacid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180, 2 tablets every 4 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

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 nonadherent) 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 low back pain. Documentation fails to demonstrate adequate improvement in level of function or quality of life, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10/325mg #180, 2 tablets every 4 hours is not medically necessary.

Oxycontin 20mg #180, 2 tablets 3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

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 nonadherent) 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 low back pain. Documentation fails to demonstrate adequate improvement in level of function or quality of life, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Oxycontin 20mg #180, 2 tablets 3 times a day is not medically necessary.

Xanax 0.5mg #90, 1 tablet 3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker has been prescribed Xanax for a longer duration of time with no significant improvement in function. The request for Xanax 0.5mg #90, 1 tablet 3 times a day is not medically necessary by MTUS.

Fioricet 50/325/40mg #180, 1 tablet 2 times a day when needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: Fioricet is Barbiturate-containing analgesic agent commonly used to treat acute headache. MTUS does not recommend Barbiturate-containing analgesic agents (BCAs) for chronic pain. There is a risk of medication overuse as well as rebound headache. Guidelines further caution about the increased potential for drug dependence with these drugs. The injured worker is diagnosed with chronic headaches. Documentation fails to show significant improvement in function or evidence of acute exacerbation to establish the medical necessity for the ongoing use of Fioricet. The request for Fioricet 50/325/40mg #180, 1 tablet 2 times a day when needed is not medically necessary per MTUS guidelines.

Ambien 10mg #60, 2 tablets at bedtime: 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 (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment.

Decision rationale: Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, used for treatment of insomnia. Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may

increase pain and depression over the long-term. Documentation indicates that the injured worker is diagnosed with daytime hyper somnolence secondary to sleep disorder, anxiety and depression. Physician reports fail to show adequate functional improvement to support the medical necessity for ongoing use of this Ambien. The request for Ambien 10mg #60, 2 tablets at bedtime is not medically necessary per guidelines.

Orthopedic surgeon consult for increased low back pain and cervical/lumbar radiculopathy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7-Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Referrals, pg 92.

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Chart documentation indicates that the injured worker is undergoing treatment for known chronic low back pain and is status post lumbar laminectomy, with pending Pain Management Consult. Physician reports fail to demonstrate red flags on clinical examination to establish the medical necessity for orthopedic evaluation. The request for orthopedic surgeon consult for increased low back pain and cervical/lumbar radiculopathy is not medically necessary.

Purchase of extra large adult diapers for incontinence: 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 Not addressed. Decision based on Non-MTUS Citation http://www.mayoclinic.org/.

Decision rationale: The injured worker complains of chronic low back pain. Documentation fails to adequately address symptoms of urinary incontinence or correlation to the work-related diagnoses. The medical necessity for the use of adult diapers has not been established. The request for Purchase of extra large adult diapers for incontinence is not medically necessary.