MAXIMUS Federal Services

Case Number:	CM15-0087917		
Date Assigned:	05/12/2015	Date of Injury:	07/15/2010
Decision Date:	06/16/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/07/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 44 year old female, who sustained an industrial injury on 7/15/2010. The details of the initial injury were not included in the medical records submitted for this review. Diagnoses include cervical facet arthropathy, ankle sprain, lumbosacral spondylosis without myelopathy, radiculopathy, pain disorder related to psychological factors, and degenerative joint disorder of the knee. Treatments to date include medication therapy, cognitive behavioral therapy, physical therapy, acupuncture, and epidural steroid injections. Currently, she had multiple complaints including cervical spine, bilateral knees, and right ankle. She reported twisting the ankle and falling approximately three weeks prior. Pain was not rated. On 3/11/15, the physical examination documented improvement in the cervical and lumbar spine from a previous facet injection. The right ankle revealed tenderness and mild ecchymosis with adequate range of motion and strength. There was mild edema present. The plan of care included Protonix Delayed Release, 20mg tablets, one tablet twice daily #60, Rozerem 8mg tablet, one tablet before bed #30, and Oxycodone 10mg tablets, one tablet four times a day #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Protonix 20 mg #60 prescribed on 4/9/2015: 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 9792.20 - 9792.26 Page(s): 68-69 of 127.

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.

Retrospective Rozerem 8 mg #30 prescribed on 4/9/2015: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for melatonin (rozerem), California MTUS guidelines do not contain criteria for the use of melatonin. ODG states that melatonin is recommended. They go on to state of the pharmacological agent should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: A) sleep onset; B) sleep maintenance; C) sleep quality; D) next day functioning. Within the documentation available for review, there is no indication that the patient has had a careful evaluation of potential causes of the sleep disturbance. In the absence of such documentation, the currently requested melatonin (rozerem), is not medically necessary.

Retrospective Oxycodone 10 mg #120 prescribed on 4/9/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Oxycodone, California Pain Medical Treatment Guidelines state that Oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycodone is not medically necessary.