

Case Number:	CM15-0232058		
Date Assigned:	12/08/2015	Date of Injury:	02/16/2010
Decision Date:	01/19/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/25/2015

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:

The injured worker is a 42-year-old male who sustained an industrial injury on 2-16-10. The injured worker reported back discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for lumbago, post-laminectomy syndrome lumbar region. Medical records dated 11-17-15 indicate pain rated at 9 out of 10 without medication and pain rated at 0 out of 10 with medication. Treatment has included status post lumbar fusion (2011), electromyography, nerve conduction velocity study, radiographic studies, Oxycodone since at least May of 2015, Zolpidem since at least May of 2015, Soma since at least May of 2015, Gabapentin since at least May of 2015, Nizatidine since at least May of 2015, Xanax since at least May of 2015, Mobic, home exercise program, moist heat, and stretching. Objective findings dated 9-16-15 were notable for paraspinals tenderness to palpation with bilateral lower extremity radiculopathy, gait noted as "antalgic and weakness", right lower extremity strength weakness, right lumbar spasms, sensation decreased to light touch to the right lower extremity. The original utilization review (11-11-15) denied a request for Oxycodone HCL 30mg tabs 195, Retrospective Oxycodone HCL 30mg tabs 195 DOS: 11-4-15 and Retrospective Nizatidine 150mg caps #60x3 prn DOS: 11-4-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg tabs 195: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Opioids for chronic pain. Pain Chapter/ Opioids, risk evaluation & mitigation strategy (REMS).

Decision rationale: The long term utilization of opioids is not supported for chronic non-malignant pain. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. The MTUS guidelines recommend a ceiling of 120 MED (morphine equivalent dosage) and the current MED of approximately 300 far exceeds the recommended amount. Per ODG, risks of adverse effects are documented in the literature at doses as low as 50 MED. Adverse effects include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia. Neuroendocrine problems include hypogonadism, erectile dysfunction, infertility, decreased libido, osteoporosis, and depression. As noted in ODG, "Treating non-cancer pain with opioids may not be worth the risk, according to a BMJ article. Physicians have become much more willing to prescribe opioids for chronic non-cancer pain, and deaths involving opioid analgesics increased from 4,041 in 1999 to 14,459 in 2007. Deaths caused by Oxycodone are especially high, and the majority are unintentional and occur in relatively young individuals. The evidence for effectiveness is very thin, and many patients do not end up having significant relief from their pain, but the risk of addiction is much higher than initially thought. Studies in the 1990s suggested that the risk for addiction was less than 1%, but the actual risk of addiction for patients who are being treated for chronic pain for several months or longer is much higher, as much as 35%. (Dhalla, 2011)" The request for Oxycodone is not supported. The request for Oxycodone HCL 30mg tabs 195 is not medically necessary and appropriate.

Retrospective Oxycodone HCL 30mg tabs 195 DOS: 11/4/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Opioids for chronic pain. Pain Chapter/ Opioids, risk evaluation & mitigation strategy (REMS).

Decision rationale: The long term utilization of opioids is not supported for chronic non-malignant pain. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. The MTUS guidelines recommend a ceiling of 120 MED

(morphine equivalent dosage) and the current MED of approximately 300 far exceeds the recommended amount. Per ODG, risks of adverse effects are documented in the literature at doses as low as 50 MED. Adverse effects include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia. Neuroendocrine problems include hypogonadism, erectile dysfunction, infertility, decreased libido, osteoporosis, and depression. As noted in ODG, "Treating non-cancer pain with opioids may not be worth the risk, according to a BMJ article. Physicians have become much more willing to prescribe opioids for chronic non-cancer pain, and deaths involving opioid analgesics increased from 4,041 in 1999 to 14,459 in 2007. Deaths caused by Oxycodone are especially high, and the majority are unintentional and occur in relatively young individuals. The evidence for effectiveness is very thin, and many patients do not end up having significant relief from their pain, but the risk of addiction is much higher than initially thought. Studies in the 1990s suggested that the risk for addiction was less than 1%, but the actual risk of addiction for patients who are being treated for chronic pain for several months or longer is much higher, as much as 35%. (Dhalla, 2011)". The request for Oxycodone is not supported. The request for Retrospective Oxycodone HCL 30mg tabs 195 DOS: 11/4/15 is not medically necessary and appropriate.

Retrospective Nizatidine 150mg caps #60x3 prn DOS: 11/4/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a694030.html>.

Decision rationale: The injured worker is being prescribed Nizatidine for medication induced nausea. According to nih.gov, Nizatidine is used to treat and prevent the recurrence of ulcers and to treat other conditions where the stomach makes too much acid. Nizatidine also is used to treat or prevent occasional heartburn, acid indigestion, or sour stomach. It decreases the amount of acid made in the stomach. Nizatidine is available with and without a prescription. The injured worker is noted to be prescribed multiple medications and the request for Nizatidine to address nausea is supported. The request for Retrospective Nizatidine 150mg caps #60x3 prn DOS: 11/4/15 is medically necessary and appropriate.