MAXIMUS Federal Services

Case Number:	CM14-0110015		
Date Assigned:	08/01/2014	Date of Injury:	10/09/1996
Decision Date:	10/03/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/14/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old male who reported an injury on 10/9/96 to his right shoulder and low back. The mechanism of injury is undisclosed. The clinical note dated 03/31/14 indicates the injured worker demonstrating limited range of motion throughout the right shoulder. Crepitance was identified with range of motion testing. Tenderness was identified upon palpation over the greater tuberosity. The note indicates the injured worker utilizing Butrans patch, Tylenol #4, Ambien, and Celebrex as well as Nexium. The clinical note dated 06/30/14 indicates the injured worker continuing with right shoulder and low back complaints. No significant changes were identified with the injured worker's drug regimen. The utilization review dated 07/03/14 resulted in denials for Tylenol #4, Ambien, Nexium, Celebrex, and Butrans patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with codeine #4 #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

Ambien #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Zolpidem IAmbien)Mosby's Drug Consult

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

Decision rationale: The use of Ambien is approved for the short term treatment of insomnia. Ambien can be habit forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long term. The patient has been utilizing this medication on a long term basis, exceeding the recommended six week window of use. As such, the request is not recommended as medically necessary.

Nexium #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: Proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal (GI) events with concurrent use of nonsteroidal antiinflammatory drug (NSAID) use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of Aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long term PPI use has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

Celebrex #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

Decision rationale: Nonsteroidal antiinflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. No information had been submitted confirming the ongoing need for this medication at the lowest possible dose. As such, the request for this medication cannot be established as medically necessary.

Butrans Patch #10mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine for treatment of opiate addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: Butrans is recommended for the treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The suggested patient populations include those with a hyperalgesic component to pain; centrally mediated pain; neuropathic pain; high risk of nonadherence with standard opioid maintenance; and for analgesia in patients who have previously been detoxified from other high dose opioids. There is no indication in the documentation that first line treatment options were attempted prior to Butrans. Additionally, there is no evidence of opiate addiction or prior detoxification requiring specialized medication regimens. As such, the request is not supported as medically necessary.