

Case Number:	CM14-0111074		
Date Assigned:	08/01/2014	Date of Injury:	01/29/2008
Decision Date:	09/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/16/2014

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 Occupational 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 patient is a 50-year-old female who has submitted a claim for Degeneration of lumbar or lumbosacral intervertebral disc associated with an industrial injury date of January 29, 2008. Upon examination, patient was found to have a negative seated straight leg raise bilaterally, reflexes of 2+ in the knees and 2+ in the ankles, absent extensor hallucis longus weakness, and presence of myofascial tenderness in the lumbar paraspinous muscles and gluteal musculature. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain that interferes with sleep. Treatment to date has included surgery, medications, exercise and physical therapy. Utilization review from June 28, 2014 denied the request for Hydroxyzine HCL 25mg/tab; 1 tab two times a day p.o times 30 day #60 and Oxycontin 20mg/tab ER; 1 tab p.o q8 times 30 days #90. The request for Oxycontin was denied because there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was prescribed. The request for Hydroxyzine was denied because there was no indicate that there was a psychiatric and/or medical illness responsible for sleep disturbance and guidelines do not recommend long-term pharmacologic management of insomnia without addressing etiology of the problem.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROXYZINE HCL 25MG/TAB; 1 TAB 2X A DAY P.O X 30 DAY #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ANXIETY MEDICATIONS IN CHRONIC PAIN.

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, Anxiety medications in chronic pain; Weaning, opioids (specific guidelines).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Official Disability Guidelines (ODG) was used instead. According to ODG, Hydroxyzine may be used to control anxiety as an important part of chronic pain treatment. It can also be used to manage opioid withdrawal symptoms of insomnia and restlessness. In this case, the patient had been on this medication since at least April 2014. However, there was no documentation that the patient had anxiety. Furthermore, the latest progress notes indicated that the patient initially had withdrawal symptoms after the patient had been off from opioids for three weeks, but these symptoms had since then been better. Additional information is necessary at this time regarding the rationale for the use of this medication. Therefore, the request for Hydroxyzine Hcl 25mg/Tab; one Tab two times a Day p.o times 30 Day #60 was not medically necessary.

OXYCONTIN 20MG/TAB ER; 1 TAB P.O Q8 X 30 DAYS #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. 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. In this case, the patient was prescribed Oxycodone since at least April 15, 2014. There was sparse subjective and objective information regarding the pain on the medical records submitted. Specific measures of analgesia and functional improvements such as pain scores and improvements in activities of daily living were not adequately documented. Moreover, there was no documentation of adverse effects or aberrant drug-taking behaviors. There was no documented recent urine drug screen to suggest lack of drug misuse/abuse. California (MTUS) Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Oxycotin 20mg/tab ER; 1 tab p.o q8 times 30 days #90 is not medically necessary.

