

Case Number:	CM14-0146210		
Date Assigned:	09/12/2014	Date of Injury:	11/06/1992
Decision Date:	12/26/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/09/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, neck pain, and headaches reportedly associated with an industrial injury of November 6, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; long- and short-acting opioids; earlier cervical spine surgery; and unspecified amounts of physical therapy over the request of the claim. In a Utilization Review Report dated August 14, 2014, the claims administrator retrospectively denied requests for morphine, Norco, Prilosec, Maxalt, and Cambia. In many cases, the claims administrator denied several of the drugs at issue because they were not on ODG drug formulary. The applicant's attorney subsequently appealed. In a June 19, 2014 progress note, the applicant reported ongoing complaints of neck pain, shoulder pain, and headaches. 10/10 pain was reported without medications versus 5/10 with medications. The applicant was still smoking. The applicant's medications included MS Contin, Norco, Prilosec, Maxalt, and Cambia, it was acknowledged in one section of the note. At the bottom of the report, it was stated that morphine, Norco, Prilosec, and Maxalt were being renewed. It was stated that Cambia was being employed on a trial basis for headaches. A spine surgery consultation was sought. The applicant's work status was not furnished. It was stated that the applicant's review of systems was positive for migraine headaches with associated symptoms of nausea at times. In a July 25, 2014 progress note, the applicant reported ongoing complaints of neck pain and reflux. The applicant stated that omeprazole had helped attenuate her symptoms of reflux. 5/10 pain was reported. The applicant stated her pain complaints were diminished on medications. The applicant's medication list included Maxalt, Prilosec, Norco, Cambia, morphine, and Topamax, it was acknowledged. The applicant was still smoking well under a pack a day, it was acknowledged. Morphine, Norco, Omeprazole, Maxalt, and Cambia were endorsed. The

applicant was asked to find a gastroenterologist and/or a spine surgeon to consult. The attending provider again stated that the applicant had issues with migraine headaches. The applicant's work status, once again, was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improve functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status has not been clearly outlined. It does not appear that the applicant is or was working as of the date in question, July 25, 2014. While the attending provider did report some reduction in pain scores from 10/10 without medications to 5-6/10 with medications, this is, however, outweighed by the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing opioid therapy. The attending provider has failed to outline the applicant's work status on any recent office visits, reference above. Therefore, the request was not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status has not been clearly outlined. While the attending provider has reported some reduction in pain scores from 10/10 without medications to 5-6/10 with medications, these are, however, outweighed by the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing opioid therapy as well as the attending provider's failure to document the applicant's work status. Therefore, the request was not medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia. Here, however, the applicant was experiencing issues with stand-alone dyspepsia, the attending provider posited, reportedly successfully attenuated following introduction of omeprazole. Continuing the same, on balance, was therefore indicated. Therefore, the request was medically necessary.

Maxalt 10mg #9: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Oral Triptans

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence; Food and Drug Administration -----INDICATIONS AND USAGE ----- MAXALT is a serotonin (5-HT) 1B/1D receptor agonist (triptan) indicated for the acute treatment of migraine with or without aura in adults and in pediatric patients 6 to 17 years of age (1)

Decision rationale: The MTUS does not address the topic. However, the Food and Drug Administration (FDA) notes that Maxalt is indicated in the acute treatment of migraine headaches in both adult and pediatric patients. Here, the applicant was described as experiencing issues with and/or symptoms of migraine headaches at various points in time. Usage of Maxalt was/is indicated to combat issues with migraine headaches if and when they might arise. Therefore, the request was medically necessary.

Cambia 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic; Functional Restoration Approach to Chronic Pain Management.

Decision rationale: As with the opioid agents, the request for Cambia was, in fact, a renewal request. This medication was issued on various dates, including July 25, 2014 and June 19, 2014, as referenced above. The applicant, however, has failed to achieve and demonstrate any lasting benefit or functional improvement through ongoing usage of Cambia. The applicant's work and functional status was not outlined on any of the recent office visits, reference above. It did not appear that the applicant was working, despite ongoing usage of Cambia. Ongoing usage

of Cambia did not, thus, alter the applicant's work status and/or work restrictions in any appreciable way. Ongoing usage of Cambia failed to curtail the applicant's dependence on opioid agents such as morphine and Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.