

Case Number:	CM14-0090262		
Date Assigned:	08/08/2014	Date of Injury:	11/01/1995
Decision Date:	09/26/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/16/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 61-year-old female with the date of injury on 11/1/1995. Her complaints were left shoulder and bilateral wrist pain due to repetitive use. Her other diagnoses include osteonecrosis of right hip, lumbar disc disease, status post surgery to left shoulder, depression, depression and insomnia. The visit notes from 4/29/14 was reviewed. Her left shoulder and bilateral wrist pain was rated at 4/10 with medications and 7/10 without medications. Urine drug screen results from April 16, 2014 were positive for oxymorphone and tramadol. Her diagnoses included sprain/strain of the left shoulder, left rotator cuff tear, pain in the left shoulder, pain in the left upper arm, neuralgia/neuritis, sprain of the neck, lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, neuropathic pain, prescription narcotic dependence, chronic pain related depression and tension headaches. Her treatment plan included physical therapy, urine drug screen, Pristiq 50 mg one p.o. daily, anxiety relief formula, Prilosec 20 mg, Opana ER 40 mg one tablet twice a day and Opana IR 10 mg every 6 hours, kava kava one tablet p.o. t.i.d., Ketoflex ointment, Flexeril 10mg TID, Theramine 2 tablets BID for neuropathic pain. She had previous urine drug screens on 4/16/14, 4/3/14, 3/13/14, 2/12/14 and 1/6/14. The employee had left shoulder and bilateral wrist pain due to repetitive use. She was on multiple medications including Opana ER and IR. Her pain was 4/10 with medications and 7/10 without medications. She also had anxiety and depression. She was not working. Urine drug screen results were consistent with the prescriptions on 04/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80-89.

Decision rationale: The employee had left shoulder and bilateral wrist pain due to repetitive use. She was on multiple medications including Opana ER and IR. Her pain was 4/10 with medications and 7/10 without medications. She also had anxiety and depression. She was not working. Urine drug screen results were consistent with the prescriptions on 04/16/14. The request was for Opana ER 40mg #60 and Opana IR 10mg #120. According to MTUS Chronic Pain Guidelines four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, MTUS recommends that dosing of opioids should not exceed 120mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The employee was being treated with Opana 120mg total per day which is 360mg MED well above the recommended daily limit. There is no evidence that there is functional improvement with such high doses of Opioids. Given the lack of clear documentation on functional improvement and the dosing that is much higher than the recommended dosing, the criteria for continued use of Opana ER 40mg twice daily and Opana IR 10mg every 6 hours is not met. The request for Opana ER 40mg #60 and Opana IR 10mg #120 is not medically necessary or appropriate.

Opana IR 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80-89.

Decision rationale: The employee had left shoulder and bilateral wrist pain due to repetitive use. She was on multiple medications including Opana ER and IR. Her pain was 4/10 with medications and 7/10 without medications. She also had anxiety and depression. She was not working. Urine drug screen results were consistent with the prescriptions on 04/16/14. The request was for Opana ER 40mg #60 and Opana IR 10mg #120. According to MTUS Chronic Pain Guidelines four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, MTUS recommends that dosing of opioids should not exceed 120mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The employee was being treated with Opana 120mg total per day which is 360mg MED well above the recommended daily limit. There is no

evidence that there is functional improvement with such high doses of Opioids. Given the lack of clear documentation on functional improvement and the dosing that is much higher than the recommended dosing, the criteria for continued use of Opana ER 40mg twice daily and Opana IR 10mg every 6 hours is not met. The request for Opana ER 40mg #60 and Opana IR 10mg #120 is not medically necessary or appropriate.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

Decision rationale: The employee had left shoulder and bilateral wrist pain due to repetitive use. She was on multiple medications including Opana ER and IR. Her pain was 4/10 with medications and 7/10 without medications. She also had anxiety and depression. She was not working. Urine drug screen results were consistent with the prescriptions on 04/16/14. The MTUS guidelines recommend obtaining drug tests intermittently while on Opioids. But the MTUS does not address the frequency with which testing should be done. The ACOEM guidelines recommend urine drug screenings up to 4 times a year while on Opioids as well as "for cause" like drug intoxication, motor vehicle crash, lost or stolen prescriptions, using more than one provider and selling of medications. In this case, the employee just had a consistent urine drug screen. There is no documentation about the need for monthly drug testing. Performing further urine drug testing in such a short period without any documentation of aberrant behavior doesn't meet guideline criteria. The request for urine drug testing is not medically necessary and appropriate.

Kava Kava #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, Kava extract.

Decision rationale: The employee had left shoulder and bilateral wrist pain due to repetitive use. She also had anxiety and depression. She was attending cognitive behavioral therapy. She was on multiple medications including Opana ER and IR. Her pain was 4/10 with medications and 7/10 without medications. She was not working. Urine drug screen results were consistent with the prescriptions on 04/16/14. The most recent progress notes doesn't have any details about her psychiatric symptoms. She had been on Kava and there was no information on whether the medication was effective. According to Official Disability guidelines, Kava aqueous extract is recommended as an option for anxiety. But it has been associated with hepatotoxicity and has

been withdrawn from European, British and Canadian markets. The request was for Kava Kava #90 and there is no mention of the aqueous extract mentioned in the guidelines. Hence the request for Kava kava is not medically necessary or appropriate.

Ketoflex Ointment 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112-113.

Decision rationale: The employee had left shoulder and bilateral wrist pain due to repetitive use. She was on multiple medications including Opana ER and IR. Her pain was 4/10 with medications and 7/10 without medications. She also had anxiety and depression. She was not working. Urine drug screen results were consistent with the prescriptions on 04/16/14. The request was for Ketoflex ointment. According to Chronic Pain Medical treatment guidelines, topical analgesics with Ketoprofen are not FDA approved due to the high incidence of photocontact dermatitis. Guidelines also indicate that any compounded product that has at least one drug that is not recommended is not recommended. Hence Ketoflex which has Ketoprofen is not medically necessary or appropriate.

Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The employee had left shoulder and bilateral wrist pain due to repetitive use. She was on multiple medications including Opana ER and IR. Her pain was 4/10 with medications and 7/10 without medications. She also had anxiety and depression. She was not working. Urine drug screen results were consistent with the prescriptions on 04/16/14. The request was for Flexeril 10mg #90. According to MTUS, Chronic Pain Guidelines, Cyclobenzaprine is recommended as a short course therapy for acute exacerbation of pain or spasms. She was being treated with Flexeril for chronic pain. The request for Flexeril 10 mg #90 is not medically necessary or appropriate.

Theramine #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute and chronic).

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

Decision rationale: The employee had left shoulder and bilateral wrist pain due to repetitive use. She was on multiple medications including Opana ER and IR. Her pain was 4/10 with medications and 7/10 without medications. She also had anxiety and depression. She was not working. Urine drug screen results were consistent with the prescriptions on 04/16/14. The request was for Theramine #120. According to Official disability guidelines on chronic pain, Theramine is a medical food that is a proprietary blend of GABA and choline bitartrate, L-arginine and L-serine. Guidelines report further that until higher quality studies are available, theramine remains not recommended. Hence the request for Theramine is not medically necessary or appropriate.

Anxiety Relief Formula #5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, Kava extract www.uptodate.com, Pharmacotherapy for generalized anxiety disorder.

Decision rationale: The employee had left shoulder and bilateral wrist pain due to repetitive use. She was on multiple medications including Opana ER and IR. Her pain was 4/10 with medications and 7/10 without medications. She also had anxiety and depression. She was not working. Urine drug screen results were consistent with the prescriptions on 04/16/14. The request was for anxiety relief formula #5. A quick internet search of anxiety relief formula came up with multiple ingredients including St. Ignatius bean, sea salt, Kava Kava, Silver Nitrate, Yellow Jasmine, Musk, Gold, Potassium carbonate, Aconite and Henbane. Since Kava Kava is associated with acute liver failure and since herbal remedies have no adequate randomized trials to prove their efficacy, the request for Anxiety relief formula is not medically necessary or appropriate.