MAXIMUS Federal Services

Case Number:	CM14-0097153		
Date Assigned:	09/16/2014	Date of Injury:	08/27/2001
Decision Date:	10/15/2014	UR Denial Date:	05/26/2014
Priority:	Standard	Application Received:	06/25/2014

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 Illinois. 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 56 year old woman with neck, left shoulder, back, and trapezius muscle pain. Her pain is lessened to 4-5/10 on medications and 10/10 off medications. It is stated she has significant functional improvement on medications. Her diagnoses include neuralgia, neuritis, radiculitis, depressive disorder, reflex sympathetic dystrophy, and chronic pain syndrome with a history of back surgery twice and shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive Alendronate 70mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Calcitonin, page 27 Page(s): 27.

Decision rationale: Calcitonin is recommended as a treatment option for workers with complex regional pain syndrome, Type I with a contraindication for treatment of bone resorption with a bisphosphonate. It is not recommended for other chronic pain conditions. Significant improvement has been found in limited studies of intravenous clodronate and intravenous alendronate. Alendronate given in oral doses of 40 milligrams a day (over an 8 week period)

produced improvements in pain, pressure tolerance, and joint mobility. Calcitonin is a hormone known to participate in calcium and phosphorus metabolism. However, the documentation includes a note stating that the worker's treating physician was consulted in May of 2014, and he stated the injured worker was no longer taking Alendronate. Therefore, this medication is not considered medically necessary.

Retroactive Flector Patch 1.3%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC; Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): pages 111-112.

Decision rationale: Per Medical Treatment Utilization Guidelines, workers at intermediate risk for gastrointestinal events and no cardiovascular disease should be given a non-selective non-steroidal anti-inflammatory drug with either a proton pump inhibitor or a Cox-2 selective agent. This injured worker has no history of gastrointestinal problems and no evidence of medication-induced gastro-esophageal reflux disease. Therefore, omeprazole is not considered medically necessary.

Retroactive Methodone 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Page(s): 61.

Decision rationale: Per Medical Treatment Utilization Guidelines, methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The Food and Drug Administration reports they have received cases of severe morbidity and mortality with this medication. Delayed adverse effects may occur due to methadone accumulation during chronic administration and systemic toxicity is more likely to occur in workers previously exposed to high doses of opioids. Methadone is an "N" drug and there is no documentation that the injured worker with chronic musculoskeletal pain has failed first-line medications in the "Y" category; therefore, this drug is not considered medically necessary.

Retroactive Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC; Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (GI symptoms & cardiovascular risk), Page(s): page 68.

Decision rationale: Per Medical Treatment Utilization Guidelines, workers at intermediate risk for gastrointestinal events and no cardiovascular disease should be given a non-selective non-steroidal anti-inflammatory drug with either a proton pump inhibitor or a Cox-2 selective agent. This injured worker has no history of gastrointestinal problems and no evidence of medication-induced gastro-esophageal reflux disease. Therefore, omeprazole is not considered medically necessary.