

Case Number:	CM15-0002613		
Date Assigned:	01/13/2015	Date of Injury:	10/01/2001
Decision Date:	03/10/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male who sustained an industrial injury on 10/1/2001. He has reported a fall with bilateral shoulder pain, low back and right leg pain. The diagnoses have included lumbago, degenerative spondylosis of the lumbar spine, right shoulder rotator cuff tear and lumbar radiculopathy. Treatment to date has included multiple right shoulder surgeries (rotator cuff repair, subacromial decompression and arthroscopy), physical therapy, epidural lumbar steroid injections and medication management. The injured worker reported a prior right shoulder crush injury in 1979. Currently (PR2-10/10/2014), the Injured Worker complains of low back pain and erectile dysfunction. The treatment plan included Oxycodone 10 mg #90, Lisinopril 10 mg #60, Methadone 10 mg #270 and Cialis 20 mg #30. On 12/17/2014, Utilization Review certified the Methadone and Cialis and non-certified Oxycodone 10 mg #90, noting the prior approval for weaning purposes and Lisinopril 10 mg #60, noting the lack of medical necessity for ace-inhibitor use. The MTUS, ACOEM Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Oxycodone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The 1 prescription for Oxycodone 10mg #90 is not medically necessary and appropriate.

1 prescription for Lisinopril 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Finnish Medical Society Duodecim. Coronary heart disease. In: 23959 (Internet). Helsinki, Finland: Wiley Interscience. John Wiley & Sons; 2010 Apr 24

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hypertension, pages 320 & 382

Decision rationale: Lisinopril (Prinivil or Zestril) is an angiotensin converting enzyme inhibitor indicated in the treatment of Hypertension, Heart failure, or Acute myocardial infarction. Submitted reports have not demonstrated any symptom complaints, objective clinical findings, or diagnosis to support for the anti-hypertensive medication requested as it relates to the injury in question. There is no indication for treatment to allow for any interventional or surgical procedure pending control of uncontrolled hypertension. The prescription for Lisinopril 10mg #60 is not medically necessary and appropriate.