

Case Number:	CM15-0009067		
Date Assigned:	03/09/2015	Date of Injury:	06/18/2009
Decision Date:	06/03/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/15/2015

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, Arizona
 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 51 year old female, who sustained an industrial injury on June 18, 2009. The diagnoses have included disc disorder cervical, elbow pain, shoulder pain, cervical radiculopathy, depression with anxiety, entrapment neuropathy upper limb and cervical facet syndrome. Treatment to date has included medications. The injured worker presented on 12/15/2014 with complaints of persistent pain in the bilateral upper extremities as well as the lower back. The injured worker indicated she was actively performing a home exercise program. The current medication regimen includes gabapentin, Lidoderm, Zofran, lactulose, MiraLax powder, Tizanidine, Omeprazole, Clonazepam, Oxycodone, Pamelor, Topamax, Zoloft, and Linzess. Upon examination of the cervical spine, there was tenderness noted at the manubriosternal joint, paracervical muscles, sternoclavicular joint, and trapezius on the right. There was cervical facet tenderness at C3-6 with hypersensitivity in the C6-T1 dermatomes bilaterally. Examination of the left shoulder revealed restricted flexion to 90 degrees, extension to 30 degrees, active elevation to 90 degrees, and internal/external rotation to 20 degrees. Examination of the bilateral elbows revealed tenderness to palpation over the medial and lateral epicondyle with positive Tinel's and Phalen's sign. Treatment recommendations included a second opinion orthopedic consultation and continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg #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 (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, Ondansetron, Antiemetic.

Decision rationale: The Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. It has been FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also recommended for acute use in patients with gastroenteritis. In this case, there is no documentation of acute gastroenteritis. The injured worker does not appear to meet criteria for the requested medication. There is also no frequency listed in the request. As such, the request for Zofran is not medically necessary.

Clonazepam 0.25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS Guidelines do not recommend long term use of benzodiazepines, because long term efficacy is unproven and there is risk of dependence. The injured worker has continuously utilized the above medication since at least 06/2014. Guidelines do not support long term use of this medication. There is also no mention of functional improvement as a result of the ongoing use of this medication. There is no frequency listed in the request. Given the above, the request is not medically necessary.

Oxycodone HCL 15mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects

should occur. In this case, the injured worker has continuously utilized the above medication since at least 06/2014. Despite the ongoing use of this medication, the injured worker continues to report persistent pain with activity limitation. There is no documentation of objective functional improvement. Recent urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Thermacare heat wraps #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state at home local applications of heat or cold packs are as effective as those performed by a therapist. There was no mention of a contraindication to at home local applications of heat packs as opposed to Thermacare heat wraps. There is also no documentation of objective functional improvement despite the ongoing use of Thermacare heat wraps. The medical necessity has not been established. Therefore, the request is not medically necessary.

Lidoderm 5% patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy. In this case, there was no documentation of a failure of first line oral medication prior to the initiation of Lidoderm 5% patch. The injured worker has also utilized the above medication since at least 06/2014 without any evidence of objective functional improvement. There is no frequency listed in the request. Therefore, the request is not medically necessary.

Miralax powder packet 17gram #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid induced constipation treatment.

Decision rationale: The California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines recommend first line treatment in the form of increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. There is no documentation of a failure to respond to first line treatment as recommended by the Official Disability Guidelines. The medical necessity for the ongoing use of this medication has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically necessary.

Tizanidine HCL 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, there was no documentation of palpable muscle spasm or spasticity upon examination. Guidelines do not support long term use of this medication. The injured worker has continuously utilized the above medication since at least 06/2014. Given the above, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

Linzess 145mcg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Updated: 19 May 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Linaclotide.

Decision rationale: According to the US National Library of Medicine, Linzess is used in adults to treat irritable bowel syndrome with constipation and chronic idiopathic constipation. In this case, there is no documentation of chronic idiopathic constipation or irritable bowel syndrome. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the request. Given the above, the request is not medically necessary.