MAXIMUS Federal Services

Case Number:	CM15-0111102		
Date Assigned:	06/17/2015	Date of Injury:	03/09/2010
Decision Date:	10/06/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52-year-old who has filed a claim for neck, low back, mid back, and hip pain reportedly associated with an industrial injury of March 9, 2010. In a Utilization Review report dated May 7, 2015, the claims administrator failed to approve requests for oxycodone, morphine, Neurontin, Nexium, Voltaren gel, Zanaflex, Lidoderm patches, OxyContin, and Mobic. The claims administrator report was difficult to follow and did not clearly state what guidelines its decision was based upon. The claims administrator did suggest that the applicant was using marijuana. A February 2, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On May 7, 2015, the applicant reported multifocal complaints of mid, low back, and hip pain, 5/10. The applicant contended that his medications were beneficial but acknowledged that physical activity remains problematic. Lower extremity paresthesias were reported. The applicant was on Neurontin, Nexium, Voltaren gel, Zanaflex, Lidoderm patches, OxyContin, and MS Contin, it was reported in the current medications section of the note. Short-acting oxycodone, MS Contin, Neurontin, Zanaflex, Prilosec, Lidoderm patches, and Voltaren gel were all seemingly renewed at the bottom of the note. The applicant's GI review of systems was negative for nausea and/or heartburn, it was stated. The applicant had apparently had an unspecified GI workup including an endoscopy, the treating provider reported in another section of the note. On February 16, 2015, it was suggested that the applicant's medical condition included hypertension, dyslipidemia, and reflux. The applicant had undergone multiple hip surgeries, a herniorrhaphy, appendectomy, and an unspecified nasal surgery, it was reported. The applicant was using a cane to move about, it

was reported. The applicant denied any illicit drug use, it was stated on this date, but was apparently using a cane to move about. The applicant's work status was not detailed. On April 8, 2015, the applicant reported ongoing complaints of low back pain, mid back pain, myofascial pain syndrome. The attending provider contended that the applicant's medications were beneficial but did not elaborate further. Oxycodone, MS Contin, Neurontin, Zanaflex, Prilosec, Lidoderm patches and Voltaren gel were renewed and/or continued. The applicant apparently had issues with reflux present on this date. The applicant's medication list, in another section of the note, reportedly included Neurontin, Nexium, Voltaren gel, Zanaflex, Lidoderm patches, OxyContin, and MS Contin, it was reported. The note was very difficult to follow as it mingled historical issues with current issues. The applicant had received multiple epidural injections, it was reported. The applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for oxycodone, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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 was not clearly reported on office visits of May 7, 2015, March 2, 2015, or February 16, 2015, suggesting that the applicant was not, in fact, working. While the attending provider's April 8, 2015 and May 7, 2015 progress notes suggested that the applicant was deriving appropriate analgesia from ongoing medication consumption, these reports were, however, outweighed by the attending provider's failure to outline the applicant's work status, the applicant's seeming failure to return to work, and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing medication consumption with ongoing oxycodone consumption. The attending provider's commentary to the effect that the applicant was able to get out of his house as a result of ongoing medication consumption on May 7, 2015 did not constitute evidence of a substantive improvement in function achieved as a result of ongoing oxycodone usage. Therefore, the request was not medically necessary.

Morphine Sulfate ER 15 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: Similarly, the request for morphine sulfate extended release 15 mg was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78

of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, however, the attending provider's progress notes of May 7, 2015 and April 8, 2015 did not clearly state why the applicant was being given two separate long-acting opioids, namely OxyContin and the extended-release morphine at issue. Therefore, the request was not medically necessary.

Neurontin 600 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 19.

Decision rationale: Similarly, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant's work status was not reported on multiple progress notes, referenced above, including on May 7, 2015 and April 8, 2015, suggesting that the applicant was not, in fact, working. Ongoing usage of Neurontin failed to curtail the applicant's dependence on opioid agents such as oxycodone, OxyContin, and MS Contin. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Nexium 40 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; NSAIDs, GI symptoms & cardiovascular risk Page(s): 7; 69.

Decision rationale: Similarly, the request for Nexium, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Nexium are indicated in the treatment of NSAID-induced dyspepsia and, by analogy, the stand-alone dyspepsia seemingly present here, this recommendation is, however, qualified by commentary made on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations and by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider's May 7, 2015 progress note did not clearly state whether or ongoing usage of Nexium had or had not proven beneficial. Here, the attending provider failed to state whether or not ongoing usage of Nexium had or had not proven beneficial in terms of attenuating the applicant's symptoms of reflux. The attending provider seemingly suggested on that date that he was having the applicant employ two

separate proton pump inhibitors, Nexium and omeprazole. In one section of the note, it was stated that the applicant was currently using Nexium, while another section of the note stated that the applicant was receiving a refill of omeprazole. A clear rationale for concomitant usage of two separate proton pump inhibitors was not, in short, established here. Therefore, the request was not medically necessary.

Voltaren 1% gel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Similarly, the request for Voltaren gel was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has "not been evaluated" for treatment involving the spine. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a body part for which topical Voltaren has not been evaluated. The attending provider failed to furnish a clear or compelling rationale for provision of topical gel for a large, widespread region such as the lumbar spine, i.e., a region not easily amenable to topical application in the face of the tepid-to-unfavorable MTUS position on the same for the body part at issue. Therefore, the request was not medically necessary.

Zanaflex 4 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 66; 7.

Decision rationale: Similarly, the request for Zanaflex, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed for unlabeled use for low back pain, as was present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work status was not clearly reported on May 7, 2015. The applicant was not, in fact, working. Ongoing usage of Zanaflex failed to curtail the applicant's dependence on opioid agents to include OxyContin, MS Contin, and oxycodone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Lidoderm 5% patch: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Lidocaine; Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

Decision rationale: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work status was not clearly outlined on the May 7, 2015 progress note at issue. Ongoing usage of Lidoderm patches failed to curtail the applicant's dependence on opioid agents to include OxyContin, MS Contin, and oxycodone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Oxycontin 10 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: Similarly, the request for OxyContin, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, however, the attending provider's May 7, 2015 and April 8, 2015 progress note failed to furnish a clear or compelling rationale for concomitant usage of two separate long-acting opioids, extended-release morphine, and OxyContin. Therefore, the request was not medically necessary.

Meloxicam 7. 5 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Finally, the request for meloxicam, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment of NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the attending provider reported on April 8, 2015 that the applicant had developed issues with gastritis and/or reflux.

The applicant was described as having a pending GI workup, including an upper GI endoscopy, on May 7, 2015. It was not clearly stated why the attending provider chose to continue meloxicam in the face of the applicant's having developed issues with dyspepsia. Therefore, the request was not medically necessary.