

Case Number:	CM15-0111176		
Date Assigned:	06/17/2015	Date of Injury:	09/12/2007
Decision Date:	11/18/2015	UR Denial Date:	05/21/2015
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: Arizona, Michigan

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 injured worker is a 48 year old male, who sustained an industrial injury on 09-12-2007. He has reported subsequent neck and upper extremity pain and was diagnosed with carpal tunnel syndrome, cervical radiculopathy and enthesopathy of wrist and carpus. Electrodiagnostic studies of the upper extremities on 01-19-2015 showed a moderate plus mixed sensory and motor median nerve carpal tunnel at the wrists and a mild plus motor and sensory bilateral ulnar nerve dysfunction at the canals of Guyon and moderate at the olecranon grooves. Treatment to date has included oral pain medication, a home exercise program and application of heat and ice. Documentation shows that medication was noted to provide good pain relief and to improve the injured worker's ability to perform activities of daily living. Oxycodone was noted as being prescribed for pain since at least 2013, Nexium was prescribed for opiate induced gastritis and Flexeril was prescribed for muscle relaxation as needed for industrial temporomandibular joint syndrome since at least 01-2014 and Gabapentin was prescribed for neuropathic pain, as a sleep aid and as an opiate sparing agent since at least 01-2015. In a progress note dated 05-13-2015, the injured worker reported 5-7.5 out of 10 constant pain in the wrist and hand that was better with medication and worse with activity and was associated with numbness and tingling as well as dropping of objects. The physician noted that the injured worker had started a trial of increased Gabapentin but had somnolence and lethargy with no further pain relief and discontinued the trial. The physician noted that the injured worker restarted taking Lunesta due to increased pain and very poor quality of sleep. The physician noted that Oxycodone provided 40% reduction of pain for a duration of 4 hours and allowed the injured worker to perform light

house work and usage of hands for laundry, dishes and mowing the yard. Objective examination findings were noted to be within normal limits. Work status is unclear but there was no documentation of a change in work status. A request for authorization of Oxycodone 10mg #120 with 1 refill prescribed 5-13-15, Flexeril 10mg #20 with 1 refill prescribed 5-13-15, Gabapentin 300mg #90 prescribed 5-13-15 and Nexium 40mg #30 with 1 refill prescribed 5-13-15 was submitted. As per the utilization review dated 05-21-2015, the request for Oxycodone was modified from Oxycodone 10mg #120 with 1 refill prescribed 5-13-15 to Oxycodone 10 mg #120 with no refills for weaning purposes and the requests for Flexeril 10mg #20 with 1 refill prescribed 5-13-15, Gabapentin 300mg #90 prescribed 5-13-15 and Nexium 40mg #30 with 1 refill prescribed 5-13-15 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #120 with 1 refill prescribed 5-13-15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version): Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records reveal that Oxycodone provided 40% reduction of pain for a duration of 4 hours and allowed the injured worker to perform light house work and usage of hands for laundry, dishes and mowing the yard, the continued use is appropriate, therefore the request for Oxycodone 10mg #120 with 1 refill prescribed 5-13-15 is medically necessary.

Flexeril 10mg #20 with 1 refill prescribed 5-13-15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ([http:// www.odg-twc.com/odgtwc/pain.htm](http://www.odg-twc.com/odgtwc/pain.htm)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. Treatment is not recommended for longer than 2-3 weeks. A review of the injured workers medical records reveal that he is being prescribed Flexeril for use on an as needed basis, therefore the request for Flexeril 10mg #20 with 1 refill prescribed 5-13-15 is medically necessary.

Gabapentin 300mg #90 prescribed 5-13-15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Per the MTUS, antiepilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails.(Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case the trial appears to have failed due to side effects, however at the time the medications was prescribed, gabapentin was a suitable option based on his clinical presentation, therefore the request for Gabapentin 300mg #90 prescribed 5-13-15 is medically necessary.

Nexium 40mg #30 with 1 refill prescribed 5-13-15: 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), Chronic Pain Chapter (Online Version): Proton-pump inhibitors (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors (PPIs).

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Per the ODG, PPI's are recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. (Donnellan, 2010) In this RCT omeprazole provided a statistically significantly greater acid control than lansoprazole. (Miner, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011) However a review of the injured workers medical records that are available to me do not reveal that he is at increased risk for a gastrointestinal event neither was there any rationale for the choice of Nexium as opposed to an approved first line PPI, therefore the request for Nexium 40mg #30 with 1 refill prescribed 5-13-15 is not medically necessary.