

Case Number:	CM15-0118288		
Date Assigned:	06/26/2015	Date of Injury:	12/18/1989
Decision Date:	09/01/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/19/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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 62 year old female who sustained an industrial injury on 12/18/1989. Treatment provided to date has included: left carpal tunnel release (x2); cervical radiofrequency ablation (2005 & 2008); right knee surgery (2006); left knee surgery (2005 or 2006); lumbar discogram (2006); physical therapy; lumbar epidural steroid injections which provided temporary relief; cervical epidural steroid injections; bilateral occipital nerve blocks, trigger point injections; medications (Celebrex, Vicodin, Zanaflex, Dilaudid, Cymbalta, Exalgo (hydromorphone), Lexapro, Lidoderm, Lunesta, Nuvigil, Prilosec, fentanyl spray and Xanax); and conservative therapies/care. Diagnostic tests performed include: MRI of the right knee (2013) showing post-surgical changes, degenerative changes, moderate osteoarthric changes and mild joint effusion and synovitis; MRI of the lumbar spine (2011) showing a posterior fusion at L4-5, congenital narrowing of the spinal canal, multilevel disc protrusions and facet joint arthropathy, severe canal stenosis, and edema within the posterior deep subcutaneous tissues. Other noted dates of injury documented in the medical record include: 1990. Comorbidities included congestive heart failure due to use of Celebrex. On 06/09/2015, physician progress report noted complaints of chronic low back pain, right leg pain, neck pain with bilateral arm pain (left greater than right), carpal tunnel syndrome ("cts"), headaches, and right knee pain. The injured worker reported that her pain was stable on current medications and requested refills only on this visit (until the next visit). There was no pain rating mentioned, and no objective findings reported. Current medications include Dilaudid, Exalgo, Xanax, Cymbalta, Prilosec, Sonata, Subsys, and Lexapro. The provider noted diagnoses of cervicocranial syndrome, lumbago,

degenerative lumbar/lumbosacral intervertebral disc disease, thoracic/lumbosacral neuritis/radiculitis, cervicalgia, and degenerative cervical disc disease. The assessment findings included poor sleep hygiene, depression/anxiety, asthma (steroid dependency), non-steroid anti-inflammatory drug (NSAID) intolerance/COX 1, medication medical problems consisting of cholesterol, gastrointestinal (GI) (not specified), seizure, congestive heart failure and deep vein thrombosis, and non-insulin dependent diabetes. Plan of care includes continued medications: Dilaudid 4mg 4 times daily as needed for breakthrough pain, Exalgo 16mg 1 daily as needed for baseline pain, Xanax 1mg twice daily, Cymbalta 30mg twice daily, Prilosec 20mg 1 daily, Sonata 10mg 1 at bedtime daily, Subsys 600ugm every day as needed for severe pain, and Lexapro 20mg 1 twice daily. The injured worker's work status remained permanently totally disabled. The request for authorization and IMR (independent medical review) includes: Dilaudid 4mg #120, Exalgo ER 16mg #30, Xanax 1mg #60, and Prilosec 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 MG Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic).

Decision rationale: Opana (Hydromorphone/Dilaudid) is a semi-synthetic opioid analgesic, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. According to California MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate, and the duration of pain relief. In this case, the claimant stated that her pain was stable with medications. However, there was no evidence of objective functional improvement supporting the subjective findings stated, and no evidence in a reduction in pain in correlation with the use of this medication. There has been no documentation of this medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Without this documentation, medical necessity has not been established. In addition, the injured worker was prescribed Exalgo ER and Subsys (Fentanyl) which are both narcotic analgesics (opioids) for moderate to severe pain. There is no clear indication for the duplication of therapy instead of upward titration of individual medications. The requested treatment with Dilaudid is not medically necessary.

Exalgo ER 16 MG Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Formulary.

Decision rationale: Exalgo (hydromorphone) is an opioid pain medication. An opioid is sometimes called a narcotic. Exalgo extended-release tablets are used to treat moderate to severe pain. Exalgo extended-release tablets are for around-the-clock treatment of moderate to severe pain. According to California MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate, and the duration of pain relief. In this case, the claimant stated that her pain was stable with this medication. However, there was no evidence of objective functional improvement supporting the subjective findings stated, and no evidence in a reduction in pain. There has been no documentation of this medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Without this documentation, medical necessity has not been established. In addition, the injured worker was prescribed Dilaudid and Subsys (Fentanyl) (approved by the carrier) which are both narcotic analgesics (opioids) for moderate to severe pain. There is no clear indication for the duplication of therapy instead of upward titration of individual medications. Additionally, Exalgo is non-formulary as per ODG guidelines. The requested treatment with Exalgo ER is not medically necessary.

Xanax 1 MG Qty 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter, Alprazolam (Xanax) and Benzodiazepines.

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. In this case, the injured worker has been prescribed Xanax for several months without resulting in documented decreased depression or anxiety. Medical necessity of the Xanax has not been established. The request for Xanax is not medically necessary.

Prilosec 20 MG Qty 30: Upheld

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

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

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient had any GI symptoms or risk factors. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.