

Case Number:	CM15-0118721		
Date Assigned:	06/29/2015	Date of Injury:	12/17/2001
Decision Date:	09/18/2015	UR Denial Date:	05/20/2015
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: Texas, Illinois

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 61-year-old female, who sustained an industrial injury on 12/17/01. The injured worker was diagnosed as having lumbar radiculitis, fibromyalgia, cephalgia, and depression secondary to orthopedic condition. Treatment to date has included L4-5 spinal fusion and medication. The injured worker had been taking Opana ER, Percocet, Prilosec, and Lyrica since at least 4/11/15. On 4/14/15 and 5/12/15, pain was rated as 6/10 with medication and 9/10 without medication. Currently, the injured worker complains of neck pain, low back pain that radiates to the right hip and thigh, bilateral foot pain, leg pain, and muscle spasms. The treating physician requested authorization for Prilosec 20mg #60, Lyrica 75mg #80, Ambien 10mg #30, Percocet 10/325mg #90, and Opana ER 40mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: 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): 68.

Decision rationale: The injured worker sustained a work related injury on 12/17/01. The medical records provided indicate the diagnosis of lumbar radiculitis, fibromyalgia, cephalgia, and depression secondary to orthopedic condition. Treatment to date has included L4-5 spinal fusion and medication. The medical records provided for review do not indicate a medical necessity for Prilosec 20mg #60. Prilosec (Omeprazole) is proton pump inhibitor. The MTUS states that clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). The medical records do not indicate the injured worker is on treatment with NSAIDs; therefore, the requested treatment is not medically necessary.

Lyrica 75mg #80: 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 Antiepilepsy drugs (AEDs); Pregabalin (Lyrica) Page(s): 16-19; 99.

Decision rationale: The injured worker sustained a work related injury on 12/17/01. The medical records provided indicate the diagnosis of lumbar radiculitis, fibromyalgia, cephalgia, and depression secondary to orthopedic condition. Treatment to date has included L4-5 spinal fusion and medication. The medical records provided for review do not indicate a medical necessity for Lyrica 75mg #80. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The antiepileptic drugs have not been found useful in the treatment of myofascial pain, osteoarthritis of the hip, central pain, and chronic non-specific axial low back pain. Pregabalin (Lyrica) is an antiepilepsy drug. According to the utilization review document, the injured worker has up to 30% pain reduction with medications. However, it is not clear from the records the level of pain reduction the injured worker has from this medication alone. Therefore, the requested treatment is not medically necessary without a documentation of the treatment outcome with the use of this medication alone.

Ambien 10mg #30: Upheld

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

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) Ambien® (zolpidem tartrate).

Decision rationale: The injured worker sustained a work related injury on 12/17/01. The medical records provided indicate the diagnosis of lumbar radiculitis, fibromyalgia, cephalgia, and depression secondary to orthopedic condition. Treatment to date has included L4-5 spinal fusion and medication. The medical records provided for review do not indicate a medical necessity for Ambien 10mg #30. The MTUS is silent on this but the Official Disability Guidelines states that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The medical records indicate the injured worker has been using this medication for some time. The prescribed drug exceeds the recommended duration. The request is not medically necessary.

Percocet 10/325mg #90: 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 Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 12/17/01. The medical records provided indicate the diagnosis of lumbar radiculitis, fibromyalgia, cephalgia, and depression secondary to orthopedic condition. Treatment to date has included L4-5 spinal fusion and medication. The medical records provided for review do not indicate a medical necessity for Opana ER 40mg #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the long term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. The MTUS recommends that dosing not exceed 120 mg oral morphine equivalents per day; the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been taking this medication for some time, but with no overall improvement. Also, the daily dose of opioids far exceeds the recommended 120 morphine equivalents (she is taking 24 morphine equivalents from Opana and 60 from percocet). The request is not medically necessary.

Opana ER 40mg #60: 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 Opioids
Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 12/17/01. The medical records provided indicate the diagnosis of lumbar radiculitis, fibromyalgia, cephalgia, and depression secondary to orthopedic condition. Treatment to date has included L4-5 spinal fusion and medication. The medical records provided for review do not indicate a medical necessity for Percocet 10/325mg #90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the long term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. The MTUS recommends that dosing not exceed 120 mg oral morphine equivalents per day; the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been taking this medication for some time, but with no overall improvement. Also, the daily dose of opioids far exceeds the recommended 120 morphine equivalents (she is taking 24 morphine equivalents from Opana and 60 from percocet). The request is not medically necessary.