

Case Number:	CM15-0120352		
Date Assigned:	06/30/2015	Date of Injury:	08/02/2002
Decision Date:	09/08/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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: Emergency 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 44-year-old female, who sustained an industrial injury on 08/02/2002. According to a progress report dated 05/11/2015, the injured worker was seen for lower backache, left shoulder pain, right hip pain, bilateral knee pain and left foot pain. Pain level had increased since the last visit. Pain level with medications was rated 8 on a scale of 1-10 and without medications, pain was rated 10. The injured worker reported that the left shoulder was painful and her upper arm felt tender and bruised. She reported decreased tolerance of household chores. There were no new problems or side effects. Quality of sleep was fair. Her activity level had decreased. Since the last visit, she continued to work. She missed work on the day of the examination due to left shoulder pain. Medications were being taken as prescribed and were working well. Current medications included Omeprazole, Oxycodone, Oxycontin, Trazodone, Celebrex, Lidoderm 5% patch, Cymbalta and Gabapentin. Diagnoses included lumbar or lumbosacral disc degeneration, labral tear-hip (right), mood disorder other disorder and sacroiliac pain. The treatment plan included 12 sessions of personal training. A urine sample was sent for quantitative analysis and further confirmation. These results were submitted for review. Prescriptions not detected included Cymbalta. Prescriptions were given for Oxycodone 30mg take 1 every 4-6 hours (max 4/day) quantity 120, Oxycontin 80mg tab ER 12 hour take 1 three times a day quantity 90, Trazodone 150mg tablet take 1 at bedtime quantity 30, Gabapentin 300mg capsule take 1 four times a day quantity 120 and Omeprazole Dr 20mg capsule take 1 twice daily quantity 60. The injured worker was working full time. During a previous exam on 04/02/2015, the provider noted that the injured worker was paying out of pocket for Oxycodone

#120 and Oxycontin #10 tablets. Due to this, she overtook her Oxycodone and had only 4 tablets remaining. She continued to report increased hip/sacroiliac joint pain. Her right hip would go out of place. She was unable to fill Cymbalta. She had to miss work on 03/21, 03/30 and 03/31 due to exacerbation of her condition. She continued to report ongoing frustration and stress regarding her pain and inability to control exacerbations. Her medication regimen allowed her to continue to work on most days. The injured worker was stable on current medication regimen and had not changed essential regimen in greater than six months. With medication, the injured worker was able to lift 10-15 pounds, walk 5 blocks, sit 60 minutes and stand 30 minutes. With the medication, she could perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for approximately 30 minutes at a time. She was able to work full-time. Without medications, she was able to lift 5 pounds, walk 1 block or less, sit 30 minutes and stand 15 minutes or less. Without the medication, she could perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for approximately less than 10 minutes at a time. She was unable to get out of bed without medications. Her current medications at that visit included Omeprazole, Oxycodone, Oxycontin, Trazodone, Celebrex, Lidoderm, Cymbalta, Gabapentin, Hytrin, Lyrica, Opana, Opana ER, Promethazine and Silenor. Documentation dating back to 01/31/2014 included a functional restoration discharge summary with recommendations to taper narcotic medication to the lowest dose possible with a goal of 120 morphine equivalent units/day. Her treating physician was consulted in agreement. Her discharge medications at that time included Roxycodone 30mg maximum 4/day, Oxycontin 80mg three times a day, Trazadone 150mg at bedtime and Omeprazole 20mg. Currently under review is the request for Oxycodone 30mg #120, Oxycontin 80mg #90, Trazodone 150mg #30 and Gabapentin 300mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-97.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Oxycodone is a potentially addictive opioid analgesic medication and it is a Schedule II controlled substance. Guidelines state that the practitioner should perform ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain; the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. Guidelines recommend that dosing not exceed 120mg oral morphine equivalents per day and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120mg oral morphine equivalents. Rarely, and only after pain management consultation should the total daily dose of opioid be increased above 120mg oral morphine equivalents. In this case, documentation from 05/11/2015 indicated that pain level had increased and activity level had decreased. The injured worker reported decreased tolerance of household chores. Pain level remained high despite long-term use of this medication. It is

unclear why titration of narcotics, to reach a morphine equivalent of 120, had not occurred as recommended at the time of her discharge from the functional restoration program in January 2014. In addition, the treating physician does not document the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. The medical necessity for the requested treatment has not been established. The request is not medically necessary.

Oxycontin 80mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-97.

Decision rationale: Oxycontin is the brand name of a time-release formula of the analgesic chemical oxycodone produced by the pharmaceutical company Purdue Pharma. This drug was recently included in a list of 20 medications identified by the FDA's Adverse Event Reporting System that are under FDA investigation. Guidelines state that the practitioner should perform ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain; the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. Guidelines recommend that dosing not exceed 120mg oral morphine equivalents per day and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120mg oral morphine equivalents. Rarely, and only after pain management consultation should the total daily dose of opioid be increased above 120mg oral morphine equivalents. In this case, documentation from 05/11/2015 indicated that pain level had increased and activity level had decreased. The injured worker reported decreased tolerance of household chores. Pain level remained high despite long-term use of this medication. It is unclear why titration of narcotics, to reach a morphine equivalent of 120, had not occurred as recommended at the time of her discharge from the functional restoration program in January 2014. In addition, the treating physician does not document the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. The medical necessity for the requested treatment has not been established. The request is not medically necessary.

Trazodone 150mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. In

this case, Trazodone had been recommended to aid with sleep. Treatment notes indicated that the injured worker's quality of sleep was fair. Anxiety, poor sleep and sleep disturbance was documented despite use of Trazodone. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Gabapentin 300mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. Gabapentin has been part of her medical regimen. However, there is no documentation of subjective or objective findings consistent with current neuropathic pain to necessitate use of Gabapentin. Medical necessity for Gabapentin has not been established. The requested medication is not medically necessary.