

Case Number:	CM15-0125373		
Date Assigned:	08/04/2015	Date of Injury:	08/16/2009
Decision Date:	09/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 50 year old male injured worker suffered an industrial injury on 8-16-2009. The diagnoses included traumatic brain injury, sprain of shoulder rotator cuff, vertigo, degenerative joint disease of the shoulder, chronic post-traumatic headache and abnormality of gait. The treatment included medications extensive rehabilitation therapies. On 5-20-2015 the treating provider reported he was in a wheelchair and was 100% disabled. He kept the right arm at the side and had pain with movement along with reduced range of motion. There was limited grasp and fine motor skills. There was ongoing lumbar pain with herniated disc and facet arthropathy and radicular symptoms. He reported the Clonidine was indicated for sleep and pain that helped for a few hours. He reported he had nausea and vomiting a few times a week and used Zofran. He used Fioricet for headaches 1 time a day. The injured worker had not returned to work. The requested treatments included Oxycodone 5mg, Oxycodone 10mg, Oxycodone 10mg, Zofran, Prilosec and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #135 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS discourages long term usage unless there is evidence of "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 last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The documentation provided included no evidence of a comprehensive pain assessment, no evidence of a risk assessment for aberrant drug use and no evidence of functional improvement or effective pain management. Therefore Oxycodone 5mg was not medically necessary.

Oxycodone 10mg #135 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS discourages long term usage unless there is evidence of "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 last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The documentation provided included no evidence of a comprehensive pain assessment, no evidence of a risk assessment for aberrant drug use and no evidence of functional improvement or effective pain management. Therefore Oxycodone 10mg was not medically necessary.

Clonidine 1mg #30 with 2 refills: 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 Clonidine, Intrathecal Page(s): 34-35, 41.

Decision rationale: As per CA MTUS Guidelines, Clonidine is thought to act synergistically with opioids. It is centrally acting adrenergic agonist usually used for hypertension. It is sometimes used for neuropathic pain. Per Up-to-date: Clonidine -Immediate release: Management of hypertension (monotherapy or as adjunctive therapy) Clonidine--Extended release (Kapvay): Treatment of attention-deficit/hyperactivity disorder (ADHD) (monotherapy or as adjunctive therapy) Clonidine--Epidural (Duraclon): For continuous epidural administration as adjunctive therapy with opioids for treatment of severe cancer pain in patients tolerant to or unresponsive to opioids alone; epidural clonidine is generally more effective for neuropathic pain and less effective (or possibly ineffective) for somatic or visceral pain. The treating provider indicates it is prescribed for Headaches. Guidelines do not recommend its use for Headaches, and there is no documentation of its functional benefit in this injured worker. The requested treatment: Clonidine 1mg #30 with 2 refills is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.

Zofran 4mg #60 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline center. Headaches: diagnosis and management of headaches in young people and adults. London (UK): National Institute for Health and Clinical Excellence (NICE); 2012 Sep. page 38.

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-- Anti-emetics (for opioid nausea).

Decision rationale: Ondansetron (Zofran) is used to prevent nausea and vomiting that may be caused by anesthesia/surgery, or chemotherapy or radiation therapy. It is also approved for use acutely with gastroenteritis. Ondansetron is not used and is ineffective for nausea associated with narcotic analgesics. In this case, the treating provider indicates that the injured worker is on Zofran for resolution of nausea secondary to headaches associated with traumatic brain injury, which would make the request for Ondansetron is medically necessary.

Prilosec 40mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (nonsteroidal anti-inflammatory drug) gastrointestinal symptoms Page(s): 68-71.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend with precautions the use of Proton Pump Inhibitor medications (PPI) for treatment of gastrointestinal symptoms related to the use of nonsteroidal anti-inflammatory drug (NSAID). The documentation provided indicated the injured worker had GI upset with the use of Motrin and Aleve, however, he was no longer using this medication. Celebrex was being used but the medical record did not have evidence that there was GI symptoms related to this particular medication. Therefore Prilosec is not medically necessary.

1 Prescription of Fioricet 1 day prn MR with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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-- Barbiturate-containing analgesics agent (BCA).

Decision rationale: MTUS Guidelines were silent. ODG, pain, Barbiturate-containing analgesics agent (BCA) Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to barbiturate constituents. Fioricet is commonly used for acute headaches, with some data to support it, but there is risks of medication overuse as well as rebound headache. The documentation provided indicated the injured worker had headaches from traumatic brain injury and had been using this medication chronically. There was mention of questionable rebound effect from the medication. There was no evidence of a pain assessment or evidence of efficacy with the medication. Therefore Fioricet was not medically necessary.