

Case Number:	CM15-0128428		
Date Assigned:	07/14/2015	Date of Injury:	10/30/1992
Decision Date:	09/22/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/02/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 67-year-old female who reported an industrial injury on 10/30/1992. Her diagnoses, and or impression, were noted to include: chronic right ankle and foot pain; chronic low back pain; and tardive dyskinesia. No current imaging studies were noted. Her treatments were noted to include transcutaneous electrical stimulation unit therapy; medications management; and rest from work as she is noted to be retired. The pain management progress notes of 6/16/2015 reported an ongoing evaluation of right ankle and foot pain; a reported broken transcutaneous electrical stimulation unit; and the discussion of her switching over the management of her prescribed medications, to the pain management physician, and the inability to access the records from her previous prescriber. The date of receipt for her previous Percocet prescription was accessible and noted to be #300 on 6/3/2015; and that she reported still having some left-over Lyrica and desires to increase the daily dose of that medication for better relief. Objective findings were noted to include: a failed trial of Lyrica; significant tenderness at the bottom of the foot, medial ankle, and posterior calf; and the discussion about the amount of Percocet she was currently taking which is 10/day, versus the amount worker's compensation was likely to approve, versus the physicians suggestion for decreasing Percocet by adding Oxycontin, twice a day, and lowering the number of Percocet, a day, for breakthrough pain, for which the injured worker expressed her willingness to try. The physician's requests for treatments were noted to include a replacement transcutaneous electrical nerve stimulation unit, the initiation of Oxycontin, and the continuation of Effexor, Wellbutrin, Compazine, Protonix, and a decreased dosage of daily Percocet for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 113-117.

Decision rationale: The CA MTUS recommend that TENS unit can be utilized for the treatment of chronic musculoskeletal pain. The use of TENS can lead to pain relief, decrease in medication utilization and functional restoration. The records did not indicate that there was objective findings of beneficial effects with prior utilization of TENS unit. There was no reduction in medication requirement or functional restoration. The criteria for the replacement of TENS unit was not medically necessary.

Oxycontin 20mg QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, co-analgesics and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with psychiatric and sedative medications. The records did not show significant sustained pain relief or functional restoration with chronic utilization of increasing high doses of opioids. This is indicative of opioid induced hyperalgesia state. There is no documentation that optimum doses of opioid sparing co-analgesics had failed. It noted utilization of opioids for the treatment of tardive dyskinesia is outside the guidelines or FDA listed indications. The guidelines recommended that chronic pain patients on high dose opioids be referred to Pain Programs or Addiction centers for safe weaning. The criteria for the use of Oxycontin 20mg #60 was not medically necessary.

Percocet 10/325mg, QTY: 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, co-analgesics and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with psychiatric and sedative medications. The records did not show significant sustained pain relief or functional restoration with chronic utilization of increasing high doses of opioids. This is indicative of opioid induced hyperalgesia state. There is no documentation that optimum doses of opioid sparing co-analgesics had failed. The noted utilization of opioids for the treatment of tardive dyskinesia is outside the guidelines or FDA listed indications. The guidelines recommended that chronic pain patients on high dose opioids be referred to Pain Programs or Addiction centers for safe weaning. The criteria for the use of Percocet 10/325mg #180 was not medically necessary.

Effexor 150mg QTY: 60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 378-388, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that antidepressants can be utilized for the treatment of psychiatric disorders and chronic pain syndrome. The presence of untreated psychiatric disorders is associated with decreased compliance and efficacy of chronic pain treatments. The presence of co-existing psychosomatic symptoms can lead to increase in pain scores and decreased function. It was noted that the patient could not tolerate other psychiatric medications. The criteria for the use of Effexor 150mg #60 with 1 refill was medically necessary.

Wellbutrin 150mg QTY: 60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 378-388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that antidepressants can be utilized for the treatment of psychiatric disorders and chronic pain syndrome. The

presence of untreated psychiatric disorders is associated with decreased compliance and efficacy of chronic pain treatments. The presence of co-existing psychosomatic symptoms can lead to increase in pain scores and decreased function. It was noted that the patient could not tolerate other psychiatric medications. The criteria for the use of Wellbutrin 150mg #60 with 1 refill was medically necessary.

Compazine 10mg QTY: 90 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre. Headaches: diagnosis and management of headaches in young people and adults. London (UK): National Institute for Health and Clinical Excellence (NICE); 2012 Sept. 36 p. (Clinical guideline; no. 150).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 378-388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that compazine can be utilized for the treatment of psychiatric disorders and short-term treatment of nausea and vomiting. The chronic use of compazine is associated with the development of adverse effects including tardive dyskinesia. The records indicate that the patient is being treated for tardive dyskinesia. There was no documentation of specific indication for the use of compazine. The criteria for the use of compazine 10mg #90 with 1 refill was not medically necessary.

Protonix 40mg QTY: 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs associated gastrointestinal disorders. The records did not show the presence of significant gastrointestinal disease or NSAIDs related complication. There is no documentation of failure of first-line proton pump inhibitor such as omeprazole. The criteria for the use of Protonix 40mg #60 with 1 refill was not medically necessary.