MAXIMUS Federal Services

Case Number:	CM15-0129114		
Date Assigned:	07/15/2015	Date of Injury:	11/21/1983
Decision Date:	08/25/2015	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, New York, California
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 applicant is a represented 60-year-old who has filed a claim for chronic neck, knee, and low back pain reportedly associated with an industrial injury of November 21, 1983. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve requests for Exalgo, Subsys, oxycodone, and Ambien. The claims administrator referenced a June 17, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On a pain management note of January 14, 2015, the applicant reported ongoing complaints of neck and low back pain status post multiple prior failed cervical spine surgeries. The attending provider stated that the applicant's medications were ameliorating his ability to take care of his dog. The applicant's medications included Exalgo, Subsys, Lyrica, and oxycodone. The applicant was asked to continue the same. Prescriptions for Ambien, Subsys, and Voltaren gel were all endorsed. The applicant's work status was not outlined, although it did not appear that the applicant was working. On February 18, 2015, the attending provider stated that the applicant was quite stressed out over medication-related issues and/or utilization review-related issues. The applicant was quite depressed, down, and anxious, it was reported. Once again, the applicant's work status was not detailed. On March 2, 2015, the attending provider again stated that the applicant's ability to perform household chores, including caring for his dog, has been ameliorated as a result of ongoing consumption. The applicant was on Exalgo, Lyrica, tizanidine, oxycodone, and Subsys, it was reported. The applicant had apparently gone to the emergency department owing to a reported flare in pain and received Dilaudid from the emergency department, it was stated. The applicant was described as home-bound in severe pain

in one section of the note. The attending provider posited that the applicant might have to be hospitalized as a result of his ongoing pain complaints. The applicant was apparently hospitalized between the dates March 3, 2015 through March 10, 2015 owing to issues with an acute exacerbation of chronic neck pain, it was reported. The applicant did have ancillary issues with hypertension and diabetes mellitus. The applicant had secondary gain issues and narcotic-dependent issues, it was reported on this date. On June 17, 2015, the applicant reported ongoing complaints of low back and knee pain. The applicant was asked to transfer care to another provider on the grounds that his current treating provider was in the process of retiring. The applicant's complete medication list was not clearly detailed, although it was suggested that the applicant was using Exalgo, Subsys, oxycodone, and Ambien. Once again, the applicant's work status was not detailed. In an admission history and physical dated March 3, 2015, it was acknowledged that the applicant was no longer working and had reportedly "retired."

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 16mg, 2 Tabs Daily #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids; Opioids, differentiation: dependence & addiction; 4) On-Going Management Page(s): 80; 86; 78.

Decision rationale: No, the request for Exalgo (hydromorphone), was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was not working, as acknowledged above. The attending provider failed to outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing Exalgo usage on multiple progress notes, referenced above. The attending provider's commentary to the effect that the applicant's ability to care for his dog as a result of ongoing medication consumption did not constitute evidence of a meaningful, material or substantive improvement in function achieved as a result of ongoing Exalgo usage. Page 86 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that frequent visits to the pain center or emergency department represent a form of aberrant drug behavior. Here, the applicant had in fact made frequent visits to the emergency department and, at one point, was hospitalized for a flare of neck pain in March 2015. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an applicant should obtain opioid prescriptions of a single practitioner and a single pharmacy. Here, the applicant, quite clearly, did obtain prescriptions from multiple prescribers, including an emergency room physician, a hospitalist, and his chronic pain physician. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Exalgo. Therefore, the request was not medically necessary.

Subsys 1200mcg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Subsys® (fentanyl sublingual spray).

Decision rationale: Similarly, the request for Subsys (fentanyl spray) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of two separate short-acting opioids, Subsys (sublingual fentanyl) in conjunction with a second short-acting opioid, oxycodone. ODGs Chronic Pain Chapter Subsys topic also notes that Subsys is FDA approved only in the treatment of breakthrough cancer pains and is not recommended in the chronic musculoskeletal pain context present here. Therefore, the request was not medically necessary.

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 4) On-Going Management; Opioids, differentiation: dependence & addiction; 7) When to Continue Opioids Page(s): 78; 86; 80.

Decision rationale: Similarly, the request for oxycodone, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of two separate short-acting opioids, oxycodone and Subsys. Page 86 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that frequent visits to an emergency department constitute a form of aberrant drug behavior. Here, the applicant had apparently presented on multiple occasions to the emergency department and, at one point, was hospitalized in March 2015 for a reported flare in pain. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that applicants should obtain opioid prescriptions from a single practitioner and a single pharmacy. Here, the applicant was receiving opioids from three practitioners, his chronic pain physician, an emergency department physician, and a hospitalist, as suggested above. The applicant, furthermore, seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Namely, the applicant had failed to return to work, as acknowledged above. The applicant's pain complaints were described as heightened (as opposed to reduced) on June 17, 2015, despite ongoing oxycodone usage. Finally, the attending provider

failed to outline meaningful, material, or substantive improvements in function (if any) effected as a result of ongoing oxycodone usage. Therefore, the request was not medically necessary.

Ambien 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien®) and Other Medical Treatment Guidelines U.S. Food and Drug Administration Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: Finally, the request for Ambien, a sleep aid, was like not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for 60 tablets of Ambien, in and of itself, represented treatment in excess of the FDA label. ODGs Chronic Pain Chapter, Zolpidem topic also notes that Ambien is recommended only for the short-term treatment of insomnia. Here, thus, the renewal request for Ambien ran counter to both the FDA and ODG principles and parameters. The attending provider failed to furnish a compelling rationale or medical evidence to support usage of Ambien in the face of the unfavorable FDA and ODG positions on the same. Therefore, the request was not medically necessary.