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| Case Number: | CM15-0044887 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 06/23/1999 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 02/17/2015 |
| Priority: | Standard | Application Received: | 03/10/2015 |

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: California

Certification(s)/Specialty: Emergency Medicine, Pediatrics

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 70-year-old female who reported injury on 06/23/1999. The mechanism of injury was not provided. The injured worker's medications included Vicodin, OxyContin, and Valium as of 01/27/2014. The injured worker was noted to undergo urine drug screens. There was 1 Request for Authorization submitted for review dated 01/27/2015. The request was for Oxycontin, Vicodin, Valium, and Pennsaid to decrease pain, increase range of motion, and increase activities of daily living. The documentation of 01/27/2015 revealed the injured worker had low back pain radiating to the bilateral lower extremities and bilateral knee pain. The injured worker was in for a medication review and refill. The injured worker had positive bilateral knee tenderness to palpation with decreased range of motion, right greater than the left. The injured worker had positive lumbar vertebral spine tenderness to palpation. The diagnoses included low back pain, lumbar degenerative disc disease, lumbosacral radiculopathy, and bilateral knee internal derangement. The treatment plan included the injured worker had no addictive or aberrant behavior and the medications decreased pain and increased activities of daily living. The injured worker indicated Pennsaid ointment was effective for decreasing right knee pain. The medications that were refilled included a prescription plus 2 additional refills for Oxycontin 30 mg CR #90, Vicodin ES #120, Pennsaid 2% cream 60 gm, and Valium 10 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycontin 30mg #90 between 1/27/15 and 4/11/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the medications increased the activities of daily living and decreased pain. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Oxycontin 30mg #90 between 1/27/15 and 4/11/15 is not medically necessary.

1 prescription of Oxycontin 30mg #90 between 2/24/15 and 4/11/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the medications increased the activities of daily living and decreased pain. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. There was no documentation for the requested date of service. Given the above, the request for 1 prescription of Oxycontin 30mg #90 between 2/24/15 and 4/11/15 is not medically necessary.

1 prescription of Oxycontin 30mg #90 between 3/24/15 and 4/11/15: Upheld

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

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1 prescription of Vicodin 7.5/300mg #120 between 1/27/15 and 4/11/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the medications increased the activities of daily living and decreased pain. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Vicodin 7.5/300mg #120 between 1/27/15 and 4/11/15 is not medically necessary.

1 prescription of Vicodin 7.5/300mg #120 between 2/24/15 and 4/11/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the medications increased the activities of daily living and decreased pain. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. The

request as submitted failed to indicate the frequency for the requested medication. There was no documentation for the requested date of service. Given the above, the request for 1 prescription of Vicodin 7.5/300mg #120 between 2/24/15 and 4/11/15 is not medically necessary.

1 prescription of Vicodin 7.5/300mg #120 between 3/24/15 and 4/11/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

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1 prescription of Valium 10mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. This far exceeds guidelines' recommendations. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documented efficacy for the requested medication. There was a lack of documented rationale for the requested 2 refills without re-evaluation. Given the above and the lack of documentation of exceptional factors, the request for 1 prescription of Valium 10mg #90 with 2 refills is not medically necessary.

1 prescription of Pennsaid 2% cream #60 with 2 refills: 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 (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDS Page(s): 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines also indicate that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended, as there is no evidence to support use. The clinical documentation submitted for review failed to indicate the injured worker had osteoarthritis. There was a lack of documentation of a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documented rationale for the requested 2 refills without re-evaluation. The request as submitted failed to indicate the frequency and body part to be treated. Given the above, the request for 1 prescription of Pennsaid 2% cream #60 with 2 refills is not medically necessary.