

Case Number:	CM15-0063209		
Date Assigned:	04/09/2015	Date of Injury:	09/30/2003
Decision Date:	06/04/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/02/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female, who sustained an industrial injury on 9/30/03. She reported pain in her back after a train crash. The injured worker was diagnosed as having cervical degenerative disc disease, lumbar post laminectomy syndrome, knee pain and chronic pain syndrome. Treatment to date has included physical therapy, several back surgeries and pain medications. As of the PR2 dated 3/18/15, the injured worker reports lower back pain that radiates to the left lower extremity. She states her pain is a 10/10 without medications and a 7/10 with medications. The injured worker is able to walk half a block with a walker and uses a cane in the house. The treating physician noted that this is a functional improvement from several months ago because of current pain medications. The treating physician requested Oxycodone 30mg #210, Fentanyl 75mcg/hr patch #10, Zolpidem 10mg #30 x 3 refills and Hydroxyzine 25mg #90 x 5 refills. The documentation of 04/02/2015 revealed the injured worker was utilizing a high dose of opiates due to pain from surgical intervention. The injured worker was utilizing hydroxyzine due opioid induced pruritus. The documentation indicated without medications, the pain was 10/10 and with medications, it was 7/10. The injured worker was able to more easily perform physical therapy and selfcare tasks. The injured worker was noted to rely on grandchildren to help her get dressed without medication. The injured worker was noted to undergo urine drug screens and had never shown aberrant drug behavior with medication use. The documentation further indicated the injured worker's pain medication had been increased in an effort to stabilize dosing and pain control. The fentanyl 25 mcg was not sufficient as she had

previously been on 125 mcg per hour and because of the insufficient dosing, the injured worker had been taking oxycodone up to 240 mg per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg tablet, QTY: 210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 76-78, 78-80, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

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 injured worker had objective functional benefit, an objective decrease in pain, and that the injured worker was being monitored for aberrant drug behavior and side effects. However, the cumulative daily morphine equivalent dosing would be 360 mg, which far exceeds the 120 mg. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for oxycodone 30mg tablet, QTY: 210 is not medically necessary.

Fentanyl 75mcg/hr transdermal patch, QTY: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Topical Analgesics Page(s): 93, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

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 injured worker had objective functional benefit, an objective decrease in pain, and that the injured worker was being monitored for aberrant drug behavior and side effects. However, the cumulative daily morphine equivalent dosing would be 360 mg, which far exceeds the 120 mg. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for fentanyl 75mcg/hr transdermal patch, QTY: 10 is not medically necessary.

Zolpidem 10mg tablet, QTY: 30 with 3 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 (ODG), Zolpidem (Ambien).

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, Zolpidem.

Decision rationale: The Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short-term treatment of insomnia, 7-10 days. The clinical documentation submitted for review failed to provide the efficacy for the requested medication. There was a lack of documented rationale for the requested 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Zolpidem 10mg tablet, QTY: 30 with 3 refills is not medically necessary.

Hydroxyzine HCl 25mg tablet, QTY: 90 with 5 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 (ODG), Pain, Anxiety medications in chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=hydroxyzine&a=1>.

Decision rationale: Per drugs.com, hydroxyzine is used to treat allergic skin reactions such as hives or contact dermatitis. The clinical documentation submitted for review indicated the injured worker had efficacy with the medication hydroxyzine for pruritus caused by opioids. However, as the opioids were found to be not medically necessary, the hydroxyzine would not be medically necessary. Given the above, the request for hydroxyzine HCl 25mg tablet, QTY: 90 with 5 refills is not medically necessary.