

Case Number:	CM15-0063433		
Date Assigned:	04/09/2015	Date of Injury:	11/03/2003
Decision Date:	06/04/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	04/03/2015

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 37 year old male, who sustained an industrial injury on 11/03/2003, while employed at a pizza store as a General Manager. He reported hearing his right wrist pop while applying sauce to a pizza. The injured worker was diagnosed as having complex regional pain syndrome, bilateral upper extremities, esophageal reflux disease, associated with narcotic use, bilateral upper extremity pain, and insomnia, secondary to complex regional pain syndrome. Treatment to date has included right wrist arthroscopic surgery, medications, diagnostics, and psychiatric treatment. A Qualified Medical Evaluation (QME), dated 6/01/2010, noted psychiatric symptomatology and a family history of chronic pain syndromes. The QME dated 2/09/2012, noted dependence/addiction to prescribed pain medications (including Percocet). On 2/11/2015, the injured worker complained of a difficult January and February to date, noting trouble getting Percocet. He was unable to sleep and was more dependent for activities of daily living. Pain was rated 8-9/10 without medication and 7/10 with (average). He denied side effects with Percocet, Topamax, and Aciphex. The amount of Percocet he took depended on activity level and he was currently using 6 tablets per day. Topamax was used for neuropathic pain. He noted Aciphex effectiveness for reflux, noting symptoms even when he was not taking Percocet. Current medications included Percocet 10/325mg (max 6 per day), Topamax 100mg daily, and Aciphex 20mg daily. Advil and Zyrtec were used on an as needed basis. Random urine drug testing was performed and medication refills were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100mg quantity 30 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had 30% to 50% decrease in pain and objective functional improvement. This medication would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale for the 2 refills of the medication. Given the above, the request for Topamax 100 mg quantity 30 with 2 refills is not medically necessary.

Percocet 10/325mg quantity 180 with two refills: Upheld

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

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. Refills are not permitted per the DEA due to the drug's Schedule II classification. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was documentation of objective functional improvement and an objective decrease in pain. However, there was a lack of documentation indicating a necessity for non-adherence to DEA regulations regarding schedule 2 medication refills. As such, the refills would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 10/325 mg quantity 180 with 2 refills is not medically necessary.

Aciphex 20mg quantity 30 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Gastroesophageal reflux disease; Pharmacologic treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 69.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the injured worker was at intermediate or high risk for gastrointestinal events. The efficacy of the medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale for 2 refills without re-evaluation. Given the above, the request for Aciphex 20 mg quantity 30 with 2 refills is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide the injured worker had issues of abuse, addiction, or poor pain control. Given the above, the request for urine drug screen is not medically necessary.