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| Case Number: | CM15-0071765 | | |
| Date Assigned: | 04/22/2015 | Date of Injury: | 09/23/2014 |
| Decision Date: | 07/03/2015 | UR Denial Date: | 04/06/2015 |
| Priority: | Standard | Application Received: | 04/15/2015 |

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on September 23, 2014. He reported immediate pain of the knee, back, and waist. The injured worker was diagnosed as having myelitis nec, bacteremia, and methicillin-sensitive Staphylococcus aureus. He was status post anterior and posterior lumbar fusion at lumbar 4-5 and L5-scaral 1 in 2007. On September 12, 2014, he underwent posterior decompression and fusion at lumbar 3-4. On January 11, 2015, he was hospitalized for a suspected deep wound infection of his lumbar incision site. On January 12, he underwent and incision and drainage of the lumbar wound infection lumbar 3-4 with placement of a wound VAC. On January 16, 2015, he underwent an irrigation and debridement of the lumbar wound infection with removal of the segmental pedicle screw. Diagnostics to date has included CT scan, x-rays, and lab work. Treatment to date has included inpatient rehabilitation with physical therapy and occupational therapy, a front-wheeled walker, VAC wound therapy, and including opioid, muscle relaxant, topical pain, anti-epilepsy, oral and intravenous antibiotics, and antipsychotic medications. On April 6, 2015, the treating physician noted the injured worker had a rough night last night. He had an opioid injection and still difficulty falling asleep and then awakened at 4:30 in that morning. The physical exam revealed no abnormal vital signs, including temperature. Passive movement of the right hip was good without pain and able to straight leg raise the right leg 18 inches off the bed. The treatment plan includes stopping the intravenous antibiotic, outpatient physical therapy, and follow-up in 2 weeks. The requested treatments are short-acting and long acting opioids, a histamine 2 antagonist, and a cholinergic agent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was use of Oxycontin to help treat chronic pain. However, there was no recent documented report found in the notes to show that this full review was completed regarding the Oxycontin use. There was no clear evidence of function gain and measurable pain level reduction directly related to the use of this medication to help justify its continuation, according to the notes provided for review. Without this evidence of measurable benefit and full review, the request for continued Oxycontin will be considered medically unnecessary at this time.

Dulaudid 2mg QTY: 100.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with

documentation to justify continuation. In the case of this worker, there was use of Dilaudid to help treat chronic pain. However, there was no recent documented report found in the notes to show that this full review was completed regarding the Dilaudid use, which was stated as being "as needed," however, the exact amount of medication used was not clear in the notes. There was no clear evidence of function gain and measurable pain level reduction directly related to the use of this medication to help justify its continuation, according to the notes provided for review. Without this evidence of measurable benefit and full review, the request for continued Dilaudid will be considered medically unnecessary at this time.

Bethanechol 25mg QTY: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com, bethanechol: <http://reference.medscape.com/drug/urecholine-bethanechol-343056#0>.

Decision rationale: The MTUS does not address the use of bethanechol, which is used for urinary retention and GERD (off label). In this case, the bethanechol was added on to the worker's already long list of medications on 3/22/15 for nurse-reported urinary retention. It was suspected that this symptom may have been related to the use of Elavil or other anticholinergic medications he was using, however, consideration of changing the culprit medication(s) was not noted. It was instead decided to add more medication to treat the side effects, but without clear justification as this medication also carries with it side effects and is contraindicated for those with hypertension such as this worker. In the opinion of this reviewer, the discontinuation of the offending medication as well as discontinuation of bethanechol would be more appropriate to avoid unnecessary polypharmacy. Also, there was no clear report of the effects of bethanechol since starting it to help justify its continuation. Therefore, the request for continuation of bethanechol will be considered medically unnecessary at this time.

Famotidine 20mg QTY 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, pp. 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) or H2-blocker in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was documented use of famotidine, but without a clear indication or reasoning for ongoing chronic use. There was insufficient evidence

for this worker being at an elevated risk for gastrointestinal events to justify this ongoing medication. Also, it contributes to urinary retention (anticholinergic effects) which is one of the symptoms reported by this worker. Therefore, there the famotidine will be considered medically unnecessary at this time.

Tamulosin 0.4mg QTY: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com, tamsulosin: <http://reference.medscape.com/drug/flomax-tamsulosin-342839#0>.

Decision rationale: The MTUS does not address the use of tamsulosin, which is used for benign prostatic hypertrophy, bladder outlet obstruction, and ureteral stones. In this case, it is unclear when or why the tamsulosin was added on to the worker's already long list of medications, although on 3/22/15 there was nurse-reported urinary retention followed by starting bethanechol. It was suspected that this symptom may have been related to the use of Elavil or other anticholinergic medications he was using, however, consideration of changing the culprit medication(s) was not noted at that time or thereafter. It was instead decided to add more medication to treat the side effects, but without clear justification. In the opinion of this reviewer, the discontinuation of the offending medication as well as discontinuation of tamsulosin would be more appropriate to avoid unnecessary polypharmacy. Also, there was no clear report of the effects of tamsulosin since starting it to help justify its continuation. Therefore, the request for continuation of tamsulosin will be considered medically unnecessary at this time.