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| Case Number: | CM15-0074273 | | |
| Date Assigned: | 04/24/2015 | Date of Injury: | 08/02/2002 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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, Illinois

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 injured worker is a 43-year-old female, who sustained an industrial injury on 8/02/2002. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar or lumbosacral disc degeneration, labral tear right hip, mood disorder, and sacroiliac pain. Treatment to date has included Omeprazole, Oxycodone, Oxycontin, Trazadone, Gabapentin, Celebrex, and Lidoderm patch. Currently (3/09/2015, the injured worker complains of low backache, bilateral lower extremity and knee pain, and left shoulder pain. Pain was rated 9/10 with medication use and 10/10 without. She reported poor sleep quality and decreased activity level. A taper of narcotic medication was recommended. She was documented as stable on current medication regime for greater than 6 months. Her body mass index was 52.25% and she was currently working. A treatment plan for the requested Hytrin, Lyrica, Opana, Opana ER, Promethazine, and Silenor was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hytrin 1mg #30: 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), Diabetes (Type 1, 2, and Gestational) last updated 01/26/15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Medscape: Hytrin <http://reference.medscape.com/drug/hytrin-terazosin-342348>.

Decision rationale: The injured worker sustained a work related injury on 8/02/2002. The medical records provided indicate the diagnosis of lumbar or lumbosacral disc degeneration, labral tear right hip, mood disorder, and sacroiliac pain. Treatment to date has included Omeprazole, Oxycodone, Oxycontin, Trazadone, Gabapentin, Celebrex, and Lidoderm patch. The medical records provided for review do not indicate a medical necessity for Hytrin 1mg #30. Hytrin (terazosin) is an alpha-adrenergic blocker used to treat high blood pressure and enlarged prostate. This medication is not used in the treatment of chronic pain; besides, neither of the two conditions it treats is traditionally recognized as occupational medical condition. Although the records indicate the injured worker has been on long term use of NSAIDs (known to have potential to cause Blood pressure elevation in hypertensives), the medical records did not provide any information regarding the baseline blood pressure at the first encounter and the blood pressure readings at the time of the request for this medication. The request for Hytrin 1mg #30 is not medically necessary.

Lyrica 50mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: The medical records provided for review do indicate a medical necessity for Lyrica 50mg #90. Lyrica is an anti-epilepsy drug. The MTUS recommends the use of the anti-epilepsy drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury, Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The antiepileptic drugs have not been found useful in the treatment of myofascial pain, osteoarthritis of the hip, central pain, and chronic non-specific axial low back pain. The medical records indicate the injured worker had been treated with gabapentin, another Anti-epilepsy drug, but there was no documentation of 30% pain reduction. Consequently it is appropriate to change to a different anti-epilepsy medication, or switch to an antidepressant. The MTUS states that Pregabalin (Lyrica,) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. It is a schedule V controlled substance due to causal relationship to euphoria. The request for Lyrica 50mg #90 is medically necessary.

Opana 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Oxymorphone (Opana®).

Decision rationale: The medical records provided for review does not indicate a medical necessity for Opana 10mg #90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of this medication predates 11/11/2013. The injured worker is working her regular duty, but she is complaining of worsening pain. The medical records do not indicate the pain and functional improvement levels are being compared to baseline levels every six months as is recommended by the MTUS for individuals using opioids for more than six months. Also, the Official Disability Guidelines does not recommend the use of Oxymorphone (Opana) due to lack of evidence of benefit and serious risks like to overdose, and high rate of fatality. The request for Opana 10mg #90 is not medically necessary.

Opana ER 40mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Pain (Chronic), Oxymorphone (Opana®).

Decision rationale: The medical records provided for review do not indicate a medical necessity for Opana ER 40mg #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of this medication predates 11/11/2013. The injured worker is working her regular duty, but she is complaining of worsening pain. The medical records do not indicate the pain and functional improvement levels are being compared to baseline levels every six months as is recommended by the MTUS for individuals using opioids for more than six months. Also, the official Disability Guidelines does not recommend the use of Oxymorphone (Opana) due to lack of evidence of benefit and serious risks like to overdose, and high rate of fatality. The request for Opana ER 40mg #60 is not medically necessary.

Promethazine 25mg #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), Pain Chapter last updated 04/06/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Promethazine (Phenergan®).

Decision rationale: The medical records provided for review do not indicate a medical necessity for Promethazine 25mg #60. Promethazine is an antiemetic antihistamine. The MTUS is silent on it. The Official Disability Guidelines does not recommend it for nausea and vomiting secondary to chronic opioid use. The request for Promethazine 25mg #60 is not medically necessary.