

Case Number:	CM15-0079659		
Date Assigned:	04/30/2015	Date of Injury:	01/28/1997
Decision Date:	06/04/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/27/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 51-year-old female with a reported date of injury of 01/28/1997 due to a fall. The diagnoses include cervical radiculitis, chronic headaches, C5-6 disc bulge, right rotator cuff tendinitis with impingement syndrome, status post right subacromial decompression, and hardware failure due to infection of the implant. Medical history also includes thyroid dysfunction. Treatment has included surgery, physical therapy, trigger point injections, epidural injections, chiropractic therapy, and medication. Reports from 1999-2002 and one report from 2014 were submitted. An Agreed Medical Examination in 2002 notes complaints of pain in the posterior cervical spine with radiation to the right upper extremity and scapular area, with discussion of a spinal cord stimulator. Medications in January 2002 included methadone, Prozac, soma, Elavil, and temazepam. Evaluation to date has included a computerized tomography (CT) scan of the thoracic and cervical spine, and x-rays of the cervical spine. The medical report dated 11/03/2014 indicates that imaging studies showed that the cervical panel that was placed in the cervical epidural space had migrated out of the spinal canal and was lying in the subcutaneous tissue with a portion of it lying close to the paracervical musculature. It was noted that there was no component of the paddle that was intraspinal in location. The remaining electrode wires could be followed towards the right side in the subcutaneous tissue. The injured worker denied any cardiovascular, gastrointestinal, or genitourinary symptoms. The objective findings include a normal gait, negative Romberg's test, normal heart examination, clear lungs, mildly protuberant abdomen with organomegaly, and active bowel sounds. The treatment plan included the removal of the hardware. The medical report from which the current requests

originate was not included in the medical records provided for review. The treating physician requested Oxycodone/acetaminophen (APAP) 10/325mg, Methadone 10mg, Lorazepam 0.5mg, Levothyroxine, and Prilosec. On 4/1/15, Utilization Review (UR) non-certified requests for the medications currently under Independent Medical Review, citing the ODG, Goodman and Gilman's The Pharmacological Basis of Therapeutics, Physician's Desk Reference, Epocrates Online, Monthly Prescribing Reference, and Agency Medical Director's Group Dose Calculator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP 10/325mg: 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 opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic neck and shoulder pain. The documentation submitted suggests the placement of a spinal cord stimulator with migration and infection of implanted material. The most recent progress note from November 2014 discusses a plan for surgery for hardware removal, and does not address current medications. The most recent progress note which addresses medications was from 2002, at which time methadone was the only opioid noted among prescribed medications. The progress note related to the medications at issue and the request for authorization of these medications was not submitted. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. The MTUS recommends prescribing of opioids according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The documentation submitted did not include any of these aspects of prescribing, and the duration of use and outcome of treatment related to the requested opioid was not discussed. Current work status was not provided. As currently requested, without documentation of functional improvement, unspecified quantity requested, and without documentation of prescribing consistent with the MTUS, Oxycodone/APAP 10/325mg does not meet the criteria for use of opioids as elaborated in the MTUS and is therefore not medically necessary.

Methadone 10mg: 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 methadone p. 61-62 opioids p. 74-96.

Decision rationale: The MTUS states that methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Delayed adverse effects due to

methadone accumulation during chronic administration and systemic toxicity may occur, including respiratory depression, QT prolongation and arrhythmia, and multiple potential drug interactions. This injured worker has chronic neck and shoulder pain. The documentation submitted suggests the placement of a spinal cord stimulator with migration and infection of implanted material. The most recent progress note from November 2014 discusses a plan for surgery for hardware removal, and does not address current medications. The most recent progress note which addresses medications was from 2002, at which time methadone was noted among prescribed medications. The progress note related to the medications at issue and the request for authorization of these medications was not submitted. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. The MTUS recommends prescribing of opioids according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The documentation submitted did not include any of these aspects of prescribing, and the duration of use and outcome of treatment related to the requested opioid was not discussed. Current work status was not provided. As currently requested, without documentation of functional improvement, unspecified quantity requested, and without documentation of prescribing consistent with the MTUS, methadone does not meet the criteria for use of opioids as elaborated in the MTUS and is therefore not medically necessary.

Lorazepam 0.5mg: 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 benzodiazepines p. 24, muscle relaxants p. 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: benzodiazepines.

Decision rationale: Per the MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. This injured worker has also been prescribed opioid medication. This injured worker has chronic neck and shoulder pain. The documentation submitted suggests the placement of a spinal cord stimulator with migration and infection of implanted material. The most recent progress note from November 2014 discusses a plan for surgery for hardware removal, and does not address current medications. The most recent progress note which addresses medications was from 2002, at which time temazepam, another benzodiazepine, was among prescribed medications. The progress note related to the medications at issue and the request for authorization of these medications was not submitted. The reason for prescription of lorazepam was not provided. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a

potentially unlimited duration and quantity, which is not medically necessary or indicated. Due to unstated quantity requested, and concomitant prescription of opioid medication which is not recommended by the guidelines, the request for lorazepam is not medically necessary.

Levothyroxine: 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 UpToDate: Levothyroxine: drug information. In UpToDate, Post TW (Ed), UpToDate, Waltham, MA.

Decision rationale: Levothyroxine is a thyroid product indicated for replacement or supplemental therapy in congenital or acquired hypothyroidism. This injured worker was noted to have thyroid dysfunction, but the specific nature of the thyroid issue was not described, and there was no documentation of diagnosis of hypothyroidism. Monitoring during use of levothyroxine should include measurement of the thyroid stimulating hormone (TSH) every 6-8 weeks until normalized, every 8-12 weeks after dosage changes, and every 6 to 12 months throughout therapy. There was no documentation of monitoring of the TSH for this injured worker. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Due to lack of specific indication with no documentation of the presence of hypothyroidism, lack of evidence of monitoring of the TSH, and unstated quantity requested, the request for levothyroxine is not medically necessary.

Prilosec: 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 and cardiovascular risk Page(s): 68-69.

Decision rationale: Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. This injured worker has chronic neck pain. There was no documentation of use of a NSAID, and none of the risk factors noted above were documented for this injured worker. There was no discussion of GI signs or symptoms. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Due to lack of specific indication, and due to unspecified quantity requested, the request for Prilosec is not medically necessary.