

Case Number:	CM13-0011331		
Date Assigned:	06/06/2014	Date of Injury:	04/10/1991
Decision Date:	08/08/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 year old female who was injured on 4/10/1991. The diagnoses are Failed back syndrome, cervicalgia, left shoulder impingement syndrome and right knee pain. There are associated diagnoses of anxiety, depression and opioid dependency. The EMG /NCV showed bilateral S1 radiculopathy. The past medical history is significant for NSAIDs induced gastritis and irritable bowel syndrome. On 6/15/2013, [REDACTED] noted subjective complaints of 8/10 pain score in a scale of 0 to 10 and worsening back pain. Trigger points injections was performed. The patient was noted to be ready to participate in a Multidisciplinary Pain Program. There was no documentation of compliance monitoring measures such as UDS and pills counts. A Utilization Review determination was rendered on 7/18/2013 recommending non certifications and modified certifications for Percocet 10/325mg, Anaprox DS 550mg, Xanax SRI, Xanax 0.3mg, Adderall 20mg, Dendracin topical, Lyrica 75mg and Actiq 800mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 42-43, 74-96, 124.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids can be utilized for short term treatment of severe pain and for maintenance treatment of patients who have exhausted all forms of treatment including interventional pain management, surgeries, behavioral modification and psychiatric treatments. Long term opioids administration may lead to tolerance, addiction and opioid induced hyperalgesia. The record indicates that the patient is also utilizing Norco 10/325mg, Actiq and Duragesic patch. The concurrent use of psychiatric medications, sedatives and high dose opioids is associated with increased incidence of severe drug interactions and adverse effects. The criteria for the use of Percocet 10/325mg were not met.

ANAPROX DS 550MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73.

Decision rationale: The CA MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. The chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal complications. The records indicate that the patient have a history of NSAIDs induced gastritis and irritable bowel syndrome. The criteria for the use of Anaprox DS 550mg were not met.

XANAX SR 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 24,78.

Decision rationale: The CA MTUS and the ODG addressed the use of anxiolytics for the treatment of anxiety and insomnia associated with chronic pain syndrome. It is recommended that the use of benzodiazepines be limited to periods of less than 4 weeks to decrease the incidence of tolerance, dependency and addiction associated with chronic use. The records indicates that the patient have a history of anxiety, depression and opioid dependency. The guidelines recommend the use of antidepressants such as SNRI- Duloxetine or Venlafaxine for the management of co-existing psychosomatic symptoms in chronic pain patients. The patient was recently referred for Multidisciplinary Pain Program. The chronic use of Xanax SR 1 did not meet the guidelines recommendations.

XANAX .5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 24,78.

Decision rationale: The CA MTUS and the ODG addressed the use of anxiolytics for the treatment of anxiety and insomnia associated with chronic pain syndrome. It is recommended that the use of benzodiazepines be limited to periods of less than 4 weeks to decrease the incidence of tolerance, dependency and addiction associated with chronic use. The records indicates that the patient have a history of anxiety, depression and opioid dependency. The guidelines recommend the use of antidepressants such as SNRI- Duloxetine for the management of co-existing psychosomatic symptoms in chronic pain patients. The patient was recently referred for Multidisciplinary Pain Program. The chronic use of Xanax 0.5mg did not meet the guidelines recommendations.

ADDERALL 20MG: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress.

Decision rationale: The CA MTUS did not address the use of stimulants in the treatment of opioids induced complications. The ODG addressed the use of stimulants in the treatment of opioid induced somnolence and sedation. The guidelines recommend reduction of opioid dosage as the first step in decreasing the incidence of complications associated with high dose opioid utilization. The record did not specify the indication for the use of Adderall because it was being prescribed by another doctor. The criteria for the use of Adderall were not met.

DENDRACIN TOPICAL ANALGESIC CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesic preparations as second-line medications for the treatment of neuropathic pain and small joints arthritis pain. The record did not indicate that the patient failed treatment with first-line medications such as antidepressants and anticonvulsants. The patient is utilizing Lyrica. Dendracin topical contains Capsaicin 0.025% and Methyl Salicylate 30%. There is lack of evidence based medical guideline

support for the use of capsaicin in combination with methyl Salicylate. The criteria for the use of Dendracin were not met.

LYRICA 75MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 Page(s): 16-22.

Decision rationale: The CA MTUS addressed the use of anti-epileptic medications in the treatment of chronic pain. Lyrica is indicated as a first-line medication. The use of anticonvulsants can lead to significant improvement in pain associated symptoms such as mood and sleep disorders. The patient had symptoms indicative of lumbar radiculopathy which is responsive to Lyrica. The criteria for the use of Lyrica 75mg were met.

ACTIQ 800MCG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-96.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal and neuropathic pain. The guidelines do not recommend the use of Actiq for the treatment on non cancer chronic pain. The records indicate that the Actiq medications had been discontinued. The patient is utilizing several opioid formulations such as Percocet, Norco, Duragesic patch and Actiq. The patient is also utilizing several anxiolytics and sedatives. There is increased incidence of severe drugs interactions and adverse effects in patients that utilize high dose opioids with other sedatives. The criteria for the use of Actiq 800mcg were not met.