

Case Number:	CM13-0016826		
Date Assigned:	06/20/2014	Date of Injury:	05/30/2008
Decision Date:	08/05/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 injured worker is a 57-year-old male who reported injury on 05/20/2008. The clinical documentation indicated the injured worker had been utilizing opiates, muscle relaxants, benzodiazepines, and medication for Gastroesophageal Reflux as of 2009. The documentation of 07/03/2013 revealed the injured worker had been seen by a psychiatrist which was managing the injured worker's anxiety and depression with medications include Restoril, Abilify, Cymbalta, and Klonopin. The injured worker's psychiatrist was no longer seeing Workers' Compensation patients; as such, the injured worker was concerned about who would be managing his psychiatric medications. The injured worker was noted to be dependent upon a spinal cord stimulator and still dependent on Lortab, Flexeril and Zanaflex. The diagnostic impression included left upper extremity complex regional pain syndrome, left upper extremity pain, trigger finger left hand, depression and anxiety secondary to chronic pain and left shoulder pain. The treatment plan included Lortab, Flexeril, Zanaflex, Klonopin, Restoril, Ability, and Cymbalta as well as Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lortab 7.5/500MG, #240 for three (3) Months: Upheld

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

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 the treatment of chronic pain. There should be documentation of objective functional improvement and documentation of an objective decrease in pain as well as documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since 2009. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Lortab 7.5/500 mg #240 for 3 months is not medically necessary.

Protonix 40mg #30 for three (3) months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Gastrointestinal (GI) Symptoms And Cardiovascular.

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

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker was utilizing this medication since 2009. There was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills. Given the above, the request for Protonix 40 mg #30 for 3 months is not medically necessary.

Flexeril 10mg #60 for three (3) months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2009. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation and for 2 muscle relaxants. Given the above, the request for Flexeril 10 mg #60 for 3 months is not medically necessary.

Zanaflex 4mg #60 for three (3) months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2009. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation and for 2 muscle relaxants. Given the above, the request for Zanaflex 4 mg #60 for 3 months is not medically necessary.

Restoril 30mg #30 for three (3) months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for injured workers with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication per his psychiatrist's recommendation. There was a lack of documentation of efficacy and exceptional factors to warrant non-adherence to guideline recommendations. The documentation indicated the injured worker had been utilizing the medication since 2009. The request as submitted failed to indicate the frequency for the medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Restoril 30 mg #30 for 3 months is not medically necessary.