

Case Number:	CM13-0018572		
Date Assigned:	10/11/2013	Date of Injury:	01/23/1997
Decision Date:	01/27/2014	UR Denial Date:	08/10/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 physician 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 65 year old male who reported an injury on 01/23/1997. The mechanism of injury was a misstep. His initial course of treatment is unclear, but injuries were to his neck, upper back, upper extremities, and unspecified hip. He had a pre-injury history of chronic low back pain and received a fusion to an unknown level of the lumbar spine on an unspecified date. In regard to the ongoing treatment of the patient's neck, he received an epidural steroid and facet injections, then underwent a fusion at 2 unspecified levels in 2000. At this time, he was determined to be permanent and stationary. Since 2000, he has been receiving increased dosages of opioids, and at one point, an inpatient detoxification program had been considered although never implemented. The patient was eventually weaned off most of his narcotics with the aid of an intrathecally implanted pain medication delivery system. However, it is noted that the patient had an additional injury in 2012 that resulted in lumbar surgery, and the pain infusion pump has not been as effective since that time. The patient continues to be treated by pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

A prescription for Buspar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Practice Guidelines for treatment of patients with anxiety disorders in primary care.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): s 398-404.

Decision rationale: The California MTUS Guidelines did not address the use of anxiolytics, therefore, the ACOEM guidelines were supplemented. ACOEM does not recommend long term use of anxiolytics because of the risk for dependence and they do not alter the stressors or coping mechanisms of the individual. They may be utilized for brief periods of overwhelming symptoms that interfere with daily functioning. Guidelines also recommend that in the need for longer, more extended use, the patient should be referred for psychological services. There is no evidence in any of the medical records provided, that the patient had been referred or received psychological services in the past, and the patient has been on some form of anxiolytic since at least 2011. As such, the request for Buspar 10mg on 07/19/2013 is non-certified.

Tizanidine 4 mg: 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): s 63-66.

Decision rationale: The California MTUS Guidelines recommend the use of muscle relaxants to reduce pain and muscle tension, and to increase mobility. Tizanidine is an antispasticity drug used as a first line option in treating myofascial pain. Recommended dosage is 4mg every 6-8 hours, and may be titrated until a therapeutic effect with minimal side effects is obtained. In the most recent clinical note dated 08/06/2013, the patient is noted to have muscle spasms present to the cervical spine. As such, the medication is indicated. However, the patient has a medical history positive for Hepatitis C without discussion of current stability of the disease, nor any evidence of laboratory monitoring. The MTUS guidelines do not recommend the use of Tizanidine in patients who have hepatic impairment. Therefore, the request for Tizanidine 4mg on 07/19/2013 is non-certified.

Gabapentin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 16-18.

Decision rationale: California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Gabapentin is effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. As per the clinical notes submitted, the patient has continuously utilized this medication. Physical examination on the requesting date indicated normal strength and normal sensation in the bilateral upper extremities and bilateral lower extremities. There is no documentation of a

significant neurologic deficit. Despite ongoing use, the patient continues to report high levels of pain. Satisfactory response to treatment has not been indicated. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

Norco: 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): s 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

Fluoxetine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Psychiatric Association Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 13-16.

Decision rationale: California MTUS Guidelines state antidepressants are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite ongoing use of an antidepressant, the patient continues to demonstrate moderate discomfort, frustration, anxiety, and depression. Satisfactory response to treatment has not been indicated. Based on the clinical information received, the request is non-certified.

Mirtazapine: 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 Page(s): s 13-16.

Decision rationale: California MTUS Guidelines state antidepressants are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite ongoing use of an antidepressant, the patient continues to demonstrate moderate discomfort, frustration, anxiety, and depression. Satisfactory response to treatment has not been indicated. Based on the clinical information received, the request is non-certified.