MAXIMUS Federal Services

Case Number:	CM13-0019048		
Date Assigned:	10/11/2013	Date of Injury:	07/06/1983
Decision Date:	01/22/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

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 Psychiatry 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:

This is a 56-year-old male with a 7/6/1983 date of injury, when he was lifting a drill rig rim weighing approximately 300 pounds, and injured his back. 8/12/13 progress report per [redacted] indicates that the patient complains of chronic low back pain with right leg radicular pain. He also complains of constant pain with ADLs and pain secondary to decubitus ulcer on his buttock. He reports that the addition of methadone to his medication regimen did not help much, and so he continues with fentanyl patch and oxycodone for pain control. He relies on his medications for daily functionality and chores/ADLs, which are limited. Prolonged walking and standing is painful, and he has poor quality sleep due to the pain. Physical exam demonstrates that patient is alert and oriented with no signs of sedation or withdrawal; BMI 25.1; spasms in the para-lumbar muscles; limited active ROM of the lumbar spine due to pain; difficulty sitting to standing; and patient uses single point cane for ambulation. Diagnostic assessment includes chronic severe low back pain secondary to multilevel lumbar fusion with a history of post-laminectomy syndrome; failing L3/4 level and grade Ill failure/spondylosis; severe myofascial pain/spasm; neuropathic pain of bilateral lower extremities; depression/anxiety since injury/chronic pain; hypertension; gastritis and GERD; poor sleep hygiene; general deconditioning; tobacco dependency; and chronic nausea secondary to pain/analgesics. Treatment to date has included 7 lumbar spine surgeries with failure/minimal relief, including lumbar. Under review is the medical necessity for Restoril, Nuvigil, and Compazine

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). Restoril is a benzodiazepine. A request for Restoril in June 2013 serves to substantiate that there is no evidence in the records provided that the patient is being planned for only a short 4-6 week course of treatment with a benzodiazepine. As such, per guideline there is no medical necessity for Restoril in this case, as treatment appears to exceed six weeks with Restoril for this patient.

Nuvigil: 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), Chronic Pain Chapter.

Decision rationale: In this case, there was no evidence of narcolepsy nor shift work sleep disorder. There was no documentation of clinical response nor duration of therapy for Nuvigil. The patient was on two different types of opiates: fentanyl and oxycodone along with Valium. In addition, the patient was obese, slept poorly and smoked tobacco. The guidelines above specifically recommend against using Nuvigil solely to counteract the sedative effects of opiates. No approved indication can be substantiated from the records approved.

Compazine: 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), Chronic Pain Chapter.

Decision rationale: This patient was on Compazine for nausea from opioids. While MTUS is silent on the issue, the Official Disability Guidelines (ODG) is clear in the citation below that phenothiazines should not be used on a prolonged basis for nausea from opioids due to the risk of tardive dyskinesia. In this case there was no documentation to about efficacy of treatment with Compazine. Rather Compazine was listed many times in the records as part of a medication list over and over spanning several years. There was no indication that Compazine would be discontinued after a twelve week period. Because of the clear danger of tardive dyskinesia Compazine is not medically necessary per ODG guidelines.