MAXIMUS Federal Services

Case Number:	CM13-0022702		
Date Assigned:	03/14/2014	Date of Injury:	07/26/2004
Decision Date:	05/21/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/11/2013

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 Family Practice and is licensed to practice in Texas. 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 55-year-old male who reported an injury on 07/26/2004. The mechanism of injury was not provided. Current diagnoses include radiculopathy in the lumbar spine, lumbosacral spondylosis, and anxiety/depression. The injured worker was evaluated on 01/13/2014. The injured worker reported persistent lower back pain. Previous treatments include physical therapy and medications. Current medications include alprazolam, Suboxone, Lyrica, Nuvigil, Robaxin, and Pantoprazole. Physical examination revealed limited lumbar range of motion, positive straight leg raising bilaterally, positive slump testing bilaterally, symmetrical reflexes, and decreased motor strength bilaterally. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBOXONE 2MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: California MTUS Guidelines Buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, after detoxification in patients who have a history of opiate addiction. There is no frequency or quantity listed in the current request. Therefore, the request is not medically necessary.

ROBAXIN 750MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. There is no frequency or quantity listed in the current request. Therefore, the request is not medically necessary.

LYRICA 75MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. There is no frequency or quantity listed in the current request. Therefore, the request is not medically necessary.

ALPRAZOLAM 0.5MG: 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: California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. There is no frequency or quantity listed in the current request. Therefore, the request is non-certified.

NUVIGIL 150MG: 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 OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN CHAPTER, ARMODAFINIL (NUVIGIL).

Decision rationale: Official Disability Guidelines state Nuvigil is not recommended solely to counteract sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. There is no frequency or quantity listed in the current request. Therefore, the request is not medically necessary.

PANTOPRAZOLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. There is no dosage, frequency, or quantity listed in the current request. Therefore, the request is not medically necessary.