

Case Number:	CM13-0026326		
Date Assigned:	11/22/2013	Date of Injury:	11/16/1998
Decision Date:	01/14/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/20/2013

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 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 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.

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 55-year-old sustained a cumulative trauma to her bilateral upper extremities on 11/16/1998 while working as a service worker for the [REDACTED]. The patient has been treating with [REDACTED], previously treated patient with last report dated 8/26/13 noting bilateral shoulder pain, intermittent tingling of C5-6 dermatomes, and onset of tingling in toes. Her diagnoses include tension headaches, migraine, rotator cuff syndrome, post-lumbar laminectomy syndrome, brachial radiculitis, cervical discogenic syndrome, epicondylitis, general anxiety disorder, and carpal tunnel syndrome. Treatment included continuing medications Norco for pain control, Effexor XR for depression, Clonazepam for sleep and anxiety, Anaprox with Protonix for gastrointestinal protection which were non-certified by UR, [REDACTED] on 9/9/13. Per [REDACTED], orthopedic AME report of 3/8/10, the patient is P&S, s/p bilateral carpal tunnel releases in July and October of 1999, with negative EMG (electromyogram) for cervical radiculopathy diagnosis. Last cervical MRI on 2/23/10 has report of mild disc bulge of 2 mm at C5-6, C6-7; No root impingement; No significant neural foraminal or spinal stenosis. Future medical included no surgical indication, short course of physical therapy, and diagnostics for clinical changes. There is a report from [REDACTED], psychiatric QME (qualitative medical examination) dated 3/3/09 deeming patient to be permanently partial disabled for Axis I Adjustment disorder with mixed anxiety and depressed mood; pain disorder with psychological factors; Axis II Personality disorder with dependent masochistic feature and non-industrial long-term marginal intellect capabilities with 50% apportionment for her most recent symptomatic non-industrial spinal lumbosacral syndrome and pre-existing personality disorder. The available medical records and physician reports have not adequately addressed the specific indications for continued use of

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 79-80, 115-116.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. MTUS Chronic Pain, page 79-80, states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, the Guidelines state, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted physical reports, there is no demonstrated evidence of specific functional benefit derived from the opioids. The request for Norco is not medically necessary or appropriate.

Anaprox: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of Anaprox's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to

continue Anaprox for an injury of 1998 nor its functional efficacy derived from treatment already rendered. The request for Anaprox is not medically necessary or appropriate.

Protonix: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the use of Cytoprotective Agents as Prophylaxis-Concomitant use of cytoprotective agents is recommended in patients with a high risk factor profile who also have indications for NSAIDS (non-steroidal anti-inflammatory drugs). Indications- Patients with history of prior GI (gastrointestinal) bleeding, the elderly (over 65 years), diabetics, and cigarette smokers. Longer term treatment increases the risk among those most susceptible patients. This enteric coated medication is for treatment of the problems associated with erosive esophagitis from GERD (gastroesophageal reflux disease), or in patients with hypersecretion diseases. According to the Chronic Pain Medical Treatment Guidelines, the patient does not meet criteria for Omeprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant treatment with Protonix. The request for Protonix is not medically necessary or appropriate.

Effexor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants for the Treatment of Chronic Persistent Pain Chapter, Page(s): s 13-16.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the efficacy of the main classes of anti-depressants in treating chronic pain is not similar. As there are few studies of any one medication, differences among individual medications within a class of anti-depressants are unclear. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs/SNRIs), unless adverse reactions are a problem. The Chronic Pain Medical Treatment Guidelines do not recommend Effexor, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. Effexor may be an option in patients with coexisting diagnosis of major depression that is not the case here with cumulative trauma to the upper extremities. Psychiatric QME report of 3/3/09 from [REDACTED] had patient P&S as of 1/12/05 without recommendation for continued pharmacological treatment. Latest report

available from [REDACTED] dated 8/26/13 has no functional benefit reported from its continued use. The request for Effexor is not medically necessary or appropriate.

Clonazepam: Upheld

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

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

Decision rationale: Clonazepam is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Clonazepam also is used to prevent certain types of seizures. Clonazepam is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports from [REDACTED] and others have not adequately addressed the indication for Clonazepam's continued use for the 1998 injury, psychiatrically P&S in January 2005 nor is there documented functional efficacy from treatment already rendered. Current treating psychiatrist, [REDACTED] on report of 11/5/13 also noted recommendation of tapering off of Clonazepam. The request for Clonazepam is not medically necessary or appropriate.