

Case Number:	CM13-0028819		
Date Assigned:	12/18/2013	Date of Injury:	09/16/1985
Decision Date:	04/18/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/25/2013

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 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 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 64-year-old male who reported a work-related injury on 09/16/1985 due to a slip and fall at work. An MRI of the lumbar spine revealed status post multilevel surgery with some disc and facet joint degenerative changes primarily at the L1-2 level with mild bilateral foraminal stenosis and no disc herniation or central canal stenosis. The patient has undergone urine drug screens for drug testing. It was noted the patient failed trials of Lyrica, Cymbalta, and Neurontin due to side effects. The patient's medications include Vicodin, Flexeril, Ambien, Effexor, Gralise, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines use of Opioids; On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines use of Opioids, On-Going Management Page(s): 78-80.

Decision rationale: The MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented for patients taking opioids for pain management. The most recent clinical note

submitted for review stated the employee's medications decrease pain and allow for activity and home exercise to include going to the gym 3 times a week and monthly massages. The employee had no significant flare-ups noted over the past 3 months. There were no functional benefits noted for the employee which could be objectively measured due to the use of Vicodin. There was no evidence of pain scales reported for the employee in which the pain was noted before and after taking medications and the records reviewed did not reflect significant pain reduction despite medication use. The MTUS Guidelines also indicate the "4 As" should be monitored and documented addressing analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior which were not documented to support continuation of the employee's medication. Therefore, the decision for Vicodin 5/500 mg #60 is non-certified.

EFFEXOR ER 60MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Antidepressants for chronic pain.

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

Decision rationale: The Medical Treatment Guidelines for chronic pain indicate that Effexor is FDA approved for anxiety, depression, panic disorder, and social phobias and off-label use includes fibromyalgia, neuropathic pain, and diabetic neuropathy. The employee was not noted to have diagnoses of anxiety or depression according to the clinical documentation. He also was not noted to have fibromyalgia, neuropathic pain, or diabetic neuropathy in order to support the use of Effexor according to guideline criteria. In addition, there were no significant improvements noted for the employee due to the use of Effexor. The Guidelines indicate an assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. There was lack of documentation noting the efficacy of the medication Effexor. Given the above, the request for Effexor ER 60 mg #60 is non-certified.

AMBIEN 10MG, #28: 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), Section Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Zolpidem (Ambien).

Decision rationale: The employee was reported to be taking Ambien 10 mg at bedtime. The Official Disability Guidelines recommend Ambien for the short-term treatment of insomnia, usually 2 to 6 weeks. The employee was noted to be taking Ambien since at least 2012. There were no improvements noted for the employee due to the use of Ambien. There was also no

documentation stating the employee had any signs and symptoms of insomnia to include difficulty in sleep initiation or maintenance, early awakening, or impairment in daily function due to sleep insufficiency. Guidelines further indicate that sleeping pills, so-called minor tranquilizers, and antianxiety agents are commonly prescribed in chronic pain; however, pain specialists rarely recommend them for long-term use as they can be habit-forming and may impair function in memory more than opioid pain relievers. Therefore, the decision for Ambien 10 mg #28 is non-certified.

FLEXERIL 10MG, #28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The employee was reported to be taking Flexeril 10 mg as needed for severe muscle spasms since at least 2012 according to the submitted clinical documentation for review. The MTUS Guidelines indicate that cyclobenzaprine or Flexeril is recommended as an option using a short course of therapy. Guidelines indicate that treatment should be brief and the addition of cyclobenzaprine to other agents is not recommended. Limited, mixed evidence does not allow for recommendation for chronic use of cyclobenzaprine and it is not recommended to be used for longer than 2 to 3 weeks. Therefore, the decision for Flexeril 10 mg #28 is non-certified.