MAXIMUS Federal Services

Case Number:	CM13-0028910		
Date Assigned:	09/12/2014	Date of Injury:	04/03/2000
Decision Date:	10/20/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 58-year-old male was reportedly injured on April 3, 2000. The most recent progress note, dated July 16, 2014, indicated that there were ongoing complaints of back pain associated with "stomach flu". The physical examination demonstrated a 5'10", 212 pound individual who was normotensive (118/80) and has tenderness to palpation. The range of motion was somewhat decreased. Diagnostic imaging studies were not reported in this narrative. Previous treatment included lumbar surgery, physical therapy, multiple medications and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on September 18, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20MG, #90, with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

Decision rationale: The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to

multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia). It is also noted that the efficacy diminishes over time. Therefore, when noting that there is no objectification of a spinal cord injury or spasticity related to muscle spasm, there is no functional benefit with the use of this medication. According, this is not medically necessary.

Lexapro 20MG, #30, with 4 Refills: 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): 13-16.

Decision rationale: Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline. They have not shown to be effective for low back pain; however, it has been suggested that they have a role in addressing psychological symptoms associated with chronic pain. MTUS guidelines support the use of SSRIs and Zoloft for neuropathic pain after failure to a first-line agent (tricyclic antidepressants). Review of the available medical records fails to document a trial and/or failure to first-line agents. As such, this request is not considered medically necessary.

Flector patch #60, with 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES (ODG) PAIN

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The MTUS guidelines support the topical diclofenac for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Outside of the treatment of osteoarthritis, there is no other clinical indication for the use of this topical non-steroidal anti-inflammatory. The claimant suffers from low back and hip pain. There is no indication for this medication, and the request is not considered medically necessary.

Risperidone, #30, with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1062-1067. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES (ODG) PAIN

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental illness and stress, updated June 2014

Decision rationale: The MTUS/ACOEM do not address antipsychotic medications. Seroquel is addressed by the Official Disability Guidelines under Atypical Antipsychotics and is not recommended as a first-line treatment. The guidelines state there is insufficient evidence to recommend antipsychotics for conditions covered in the ODG. The clinician provides no clear indication for the utilization of this medication or documentation of a failure to a first-line option. As such, this request is not considered medically necessary.

Toradol Injection 60 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES (ODG), KETOROLAC (TORADOL)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: The ACOEM does not address intramuscular Toradol injections. The ODG guidelines support intramuscular Toradol injections as an alternative to opiate therapy. The claimant is currently taking long-term opioids as well as ibuprofen. There is an increased risk of GI side effects and cardiovascular risk when combining two NSAIDs (non-steroidal anti-inflammatory drugs). As such, this request is not considered medically necessary.

Xanax 0.05 mg, #60: 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): 24.

Decision rationale: The MTUS guidelines do not support benzodiazepines such as Xanax for chronic, long-term or indefinite use, because long-term efficacy is unproven and there is a significant risk of psychological and physical dependence and/or addiction. Most guidelines limit its use to 4 weeks. As such, this request is not considered medically necessary.