

Case Number:	CM13-0033181		
Date Assigned:	12/11/2013	Date of Injury:	11/16/1998
Decision Date:	02/10/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/09/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease 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 55-year-old female who reported injury on 11/16/1998. The mechanism of injury was not provided. The patient's diagnosis was noted to be postlaminectomy syndrome of the lumbar region. The patient's affect was noted to be depressed, and the patient was noted to appear quite worried. The patient was noted to appear pale, compared to the last visit, and the physician opined this was consistent with the overall impression of an underlying bacterial process. The patient's external rotation of the shoulder was more limited than internal rotation of the shoulder and was painful at the extremes. The request was made for medications.

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): 75,78.

Decision rationale: California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4

A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Clinical documentation submitted for review indicated the patient was taking the Norco that reduced the patient's pain from 8/10 to a 2/10 to 3/10. It was indicated the patient could complete most of the activities of daily living with a combination of Norco and Anaprox DS. The patient was noted to have signed a pain agreement. The patient was noted to have urine toxicology, which was consistent with the prescribed medications. The patient was noted to be more functional on the prescribed pain regimen. However, per the submitted request, there was a lack of documentation indicating the quantity of pills being requested. The request as submitted for a prescription of Norco is not medically necessary.

Effexor XR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

Decision rationale: California MTUS Guidelines recommend venlafaxine, Effexor, as an option in first-line treatment of neuropathic pain. The physician indicated the patient had been diagnosed with chronic pain and depression. The patient was noted to have neuropathic pain. However, there was a lack of documentation of the efficacy of the requested medication. Additionally, there was a lack of documentation of the quantity of medication being requested. Given the above, the request as submitted for a prescription of Effexor XR is not medically necessary.

Anaprox DS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-70.

Decision rationale: California MTUS guidelines indicate that Anaprox is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Clinical documentation submitted for review indicated the patient had a burning localized pain in the right upper extremity, aggravated by certain positions, and sometimes occurred spontaneously. The patient was noted to be taking Anaprox DS to help reduce the narcotic intake. Clinical documentation indicated the patient could complete most of her activities of daily living with a combination of Norco and Anaprox. It was further noted that the patient's symptoms were decreased with the use of Anaprox. However, there was a lack of documentation of the quantity of pills being requested, per the submitted documentation. Given the above, the request as submitted, prescription of Anaprox DS, is not medically necessary.

Protonix: Upheld

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

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

Decision rationale: California MTUS guidelines recommend PPI's for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review indicated that the patient had a definite improvement in epigastric pain with the medication. However, as the request for prescription of Anaprox DS, concurrently being reviewed was not medically necessary and the quantity was not stated. The request as submitted for Protonix is not medically necessary.

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 Page(s): 24.

Decision rationale: California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. Clinical documentation submitted for review indicated that the benzodiazepine could be helpful to the patient in conjunction with psychotherapy. However, clinical documentation failed to provide the efficacy of the requested medication. Additionally, there was a lack of documentation indicating the necessity for long-term use. There was a lack of documentation indicating the quantity of pills being requested and the strength of the medication. Given the above, the request as submitted for prescription of clonazepam is not medically necessary.