

Case Number:	CM13-0037059		
Date Assigned:	12/13/2013	Date of Injury:	08/29/2010
Decision Date:	02/06/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/22/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in New York and 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 50-year-old male who reported an injury on 08/29/2010. The patient is diagnosed with lumbar sprain and strain, lumbar discogenic pain, lumbar facet syndrome, lumbosacral radiculopathy, ischial bursitis, piriformis syndrome, hip pain, hip capsulitis, ankle sprain, ankle pain, and chronic pain. The patient was seen by [REDACTED] on 09/09/2013. The patient reported 8/10 pain of the lower back with burning and numbness in the neck, ankle, and hand. The patient also reported anxiety and depression. The physical examination revealed painful range of motion of the lumbar spine, tenderness to palpation, positive straight leg raising on the right, and intact sensation. The 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:

Refill Norco tablet 325mg/10mg #90: 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 Opioids Section Page(s): s 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain to multiple areas of the body. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or overall improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified

Refill x 2 Paroxetine tablet 20mg #30: 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 Antiepilepsy drugs (AEDs) Section SSRIs Section Page(s): s 16, 107.

Decision rationale: The California MTUS Guidelines state SSRIs are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. Selective serotonin reuptake inhibitors are controversial based on controlled trials. It has been suggested that the main role may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. As per the clinical notes submitted, the patient does report symptoms of anxiety and depression. However, the medical necessity for 3 different antidepressant medications has not been established. It is unknown whether the patient is being treated with this medication for neuropathic pain or depressive disorder. Based on the clinical information received, the request is non-certified.

Refill x 5 Tizanidine 4mg tablet #90: 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 Muscle Relaxants Section Page(s): s 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. As per the clinical notes submitted, the patient does not demonstrate palpable muscle spasm or muscle tension upon physical examination. There is no indication of a failure to respond to first line treatment prior to the request for a second line muscle relaxant. The patient has continuously utilized a muscle relaxant. The medical necessity

for an additional muscle relaxant has not been established. Based on the clinical information received, the request is non-certified.

Refill Pantoprazole enteric coated tablet 20mg #30: 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 NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): s 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. As per the clinical notes submitted, there is no indication that this patient has cardiovascular disease or increased risk factors for gastrointestinal events. The patient does not currently meet criteria for the use of a proton pump inhibitor. Therefore, the request is non-certified.

Refill Cyclobenzaprine tablet 7.5mg #90: 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 Muscle Relaxants Section Page(s): s 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time. Cyclobenzaprine is not recommended for longer than 2 weeks to 3 weeks. As per the clinical notes submitted, the patient does not demonstrate palpable muscle spasm or muscle tension on physical examination. Despite the ongoing use of this medication, the patient continues to report high levels of pain over multiple areas of the body with radiation into the lower extremity. Satisfactory response to treatment has not been indicated. As guidelines do not recommend long term use of this medication, the current request is non-certified.

Refill Hydrocodone 10/325mg #90: 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 Opioids Section Page(s): s 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and

functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain to multiple areas of the body. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or overall improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

Zolpidem 5mg #30: 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).

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, Insomnia Treatment

Decision rationale: The Official Disability Guidelines state insomnia treatment is based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 days to 10 days. As per the clinical notes submitted, there is no evidence of a failure to respond to nonpharmacological treatment prior to the initiation of a prescription medication. As guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Effexor 37.5mg #30: 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 Effexor Section Venlafaxine Section Page(s): s 45, 123.

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. As per the clinical notes submitted, there is no evidence of neurological deficit upon physical examination. It is also unclear why the provider is requesting 3 different antidepressant medications at this time. Based on the clinical information received, the request is non-certified.

Mirtazapine 15mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine

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

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. As per the clinical notes submitted, there is no evidence of neurological deficit upon physical examination. It is also unclear why the provider is requesting 3 different antidepressant medications at this time. Based on the clinical information received, the request is non-certified.