

Case Number:	CM13-0043660		
Date Assigned:	12/27/2013	Date of Injury:	02/24/1997
Decision Date:	04/29/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/24/2013

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 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 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 patient is a 65-year-old who reported an injury on February 24, 1997. The mechanism of injury was not stated. The patient is diagnosed with muscle spasm, cervical spondylosis, and carpal tunnel syndrome. The patient was seen by [REDACTED] on September 18, 2013. The patient reported ongoing neck pain and myofascial pain. The patient reported improvement with medication and trigger point injections. Physical examination on that date revealed stiffness and guarding of the cervical spine, limited cervical range of motion, occipital notch tenderness bilaterally, musculoskeletal trigger points, and weak grip strength bilaterally. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NATURAL SENNA LAXATIVE 8.6MG TABLET #90 WITH 3 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): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment Section.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. The Official Disability Guidelines state opioid induced constipation treatment is recommended. First line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, the patient has utilized natural Senna laxative 8.6 mg tablets since October of 2012. However, the patient continues to report constipation. There is no evidence of a failure to respond to first line treatment as recommended by Official Disability Guidelines. The request for Zantac 150mg, 60 count with two refills, is not medically necessary or appropriate.

BACLOFEN 10MG #90 WITH 2 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): 63-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. According to the documentation submitted, the patient has utilized baclofen 10 mg since October of 2012. Despite ongoing use, the patient continues to report persistent symptoms. The patient's physical examination continues to reveal stiffness and guarding of the cervical spine with musculoskeletal trigger points. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. The request for Baclofen 10mg, 90 count with two refills, is not medically necessary or appropriate.

FIORICET 50MG/325MG/40MG #60 WITH 2 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): 23.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state barbiturate containing analgesic agents are not recommended for chronic pain. There is a risk of medication overuse as well as rebound headache. As per the documentation submitted, the patient has utilized Fioricet since October of 2012. Final Determination Letter for IMR Case Number [REDACTED]. However, the patient currently reports an increase in migraine headaches. Satisfactory response to treatment has not been indicated. As guidelines do not recommend the use of this medication, the current request is not medically appropriate. The Chronic Pain Medical Treatment Guidelines state barbiturate containing analgesic agents are not recommended for chronic pain. There is a risk of medication overuse as well as rebound headache. According to the documentation submitted, the patient has utilized Fioricet since October of 2012. However, the patient currently reports an increase in migraine headaches. Satisfactory response to treatment has not been

indicated. As guidelines do not recommend the use of this medication, the current request is not medically appropriate. The request for Fioricet 50mg/325mg/40mg, 60 count with two refills, is not medically necessary or appropriate.

KLONOPIN 1MG #60 WITH 2 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): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. According to the documentation submitted, the patient has utilized Klonopin 1-2 mg since October of 2012. However, there is no evidence of objective functional improvement as a result of the ongoing use of this medication. The medical necessity has not been established. Guidelines do not recommend long-term use of this medication. The request for Klonopin 1mg, 60 count with two refills, is not medically necessary or appropriate.

NEURONTIN 300MG #90 WITH 2 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): 16-18.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. As per the documentation submitted, the patient has utilized Neurontin 300 mg since October of 2012. Despite ongoing use, the patient continues to report persistent symptoms. The patient continues to demonstrate stiffness and guarding, limited range of motion, and palpable trigger points. Satisfactory response to treatment has not been indicated. The request for Neurontin 300mg, 90 count with two refills, is not medically necessary or appropriate.

ZANTAC 150MG #60 WITH 2 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): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events.

Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID (non-steroidal anti-inflammatory drugs). There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. The request for Zantac 150mg, 60 count with two refills, is not medically necessary or appropriate