

Case Number:	CM13-0045899		
Date Assigned:	05/21/2014	Date of Injury:	09/01/2005
Decision Date:	07/11/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 47 year old female who was injured on 9/1/2005. The diagnoses are bilateral knees pain, headache, neck pain, low back pain and myofascial pain syndrome. There are associated diagnoses of anxiety, depression, insomnia and past history of substance abuse. The MRI of the cervical spine showed degenerative disc disease and facet arthropathy. The past surgical history is significant with right total knee replacement in 2005 and left knee arthroscopy. The medications listed are Wellbutrin, Remeron and Valium for depression, anxiety and sleep, Sonata for sleep, Imitrex for headache, Anaprox, Norco and Neurontin for pain, and Fexmid for muscle spasm. Following psychological evaluation on 8/12/2011, [REDACTED] made additional diagnoses of psychosomatic pain and recommended detoxification treatment. On 10/15/2013, [REDACTED] documented that the UDS, Pain Contract and CA CURESS medication check was consistent. A Utilization Review determination was rendered on 10/31/2013 recommending modified certifications for Norco 10/325mg #240 retrospectively dispensed 10/15/2013 and Fexmid 7.5mg retrospectively dispensed 10/15/2013 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE NORCO 10/325MG #240 (DISPENSED 10/15/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-96, 124.

Decision rationale: The Chronic Pain Medical Treatment Guidelines addressed the use of opioids for the treatment of chronic musculoskeletal and neuropathic pain. Opioids could be utilized for short term treatment of severe pain during acute injury and periods of exacerbation of chronic pain. The concurrent use of opioids with psychiatric medications and sedatives is associated with increased incidence of severe drug interactions and adverse effects. The patient is on many sedatives, antidepressant and sleep medications. The record indicate that a mental health provider had recommended detoxification program in 2011 due to a significant substance abuse history. The criteria for retrospective Norco 10/325mg #240 dispensed 10/15/2013 was not met. The Chronic Pain Medical Treatment Guidelines recommends the involvements of multidisciplinary chronic pain program or Addiction Medicine specialists for safe weaning of high dose narcotics and sedatives in patient with significant mental health disorders. Given the above the request is not medically necessary.

RETROSPECTIVE FEXMID 7.5MG (DISPENSED 10/15/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 63-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines addressed the use of antispasmodics and muscle relaxants in the treatment of muscle spasms associated chronic pain. It is recommended that only non- sedating muscle relaxants be used when necessary as a second-line option for short term treatment of acute exacerbation of symptoms that are non- responsive to standard treatment including NSAIDs, physical therapy and exercise. The short term course should be limited to 2-3 weeks periods to minimize the risk of dependency, sedation and addiction associated with chronic use of muscle relaxants. The concurrent use of muscle relaxants with other sedatives and opioids is associated with increased adverse drug interactions and severe complications. This patient is utilizing multiple sedatives, psychiatric and pain medications concurrently. There is a past medical history of substance abuse. A psychiatric provider had previously recommended a detoxification program in 2011. The criteria for retrospective Fexmid 7.5mg dispensed on 10/15/2013 is not medically necessary.