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| Case Number: | CM13-0056762 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 09/13/1994 |
| Decision Date: | 05/02/2014 | UR Denial Date: | 11/18/2013 |
| Priority: | Standard | Application Received: | 11/22/2013 |

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 Internal Medicine, Pulmonary Diseases and is licensed to practice in California. 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 reported an injury on 09/13/1994. The mechanism of injury was not specifically stated. The patient is currently diagnosed with chronic cervical and thoracic myofascitis, and postsurgical discectomy and fusion at C4-5 and C5-6 with cervical spondylosis. A request for authorization was submitted on 11/05/2013 by [REDACTED] for medications including Vicoprofen, Diazepam, Paxil, and Desoxyn. However, there was no Physician's Progress Report submitted on the requesting date. The latest Primary Treating Physician's Progress Report is submitted on 08/15/2013 by [REDACTED]. The patient reported moderate to severe upper back and neck pain with stiffness. Physical examination revealed decreased and painful range of motion in the neck with tenderness and tightness in the neck and shoulder girdle bilaterally. The patient also demonstrated painful and limited range of motion of the lumbar spine. Treatment recommendations included continuation of current medication including Norco, Desoxyn, and Diazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICOPROFEN 7.5/200MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(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. There is no documentation of objective functional improvement following the ongoing use of this medication. Therefore, continuation cannot be determined as medically appropriate. As such, the request for 1 Prescription of Vicoprofen 7.5/200mg is non-certified.

DIAZEPAM 10MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. A more appropriate treatment for anxiety disorder is an antidepressant. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, there is no evidence of functional improvement. As Guidelines do not recommend long-term use of this medication, the current request is not medically appropriate. As such, the request for 1 Prescription of Diazepam 10mg is non-certified.

PAXIL 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 107.

Decision rationale: The California MTUS Guidelines state SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report depressive symptoms with anxiety. Documentation of objective functional improvement was not provided. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request for 1 Prescription of Paxil 20mg is non-certified.

DESOXYN 5MB: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com, Copyright © 2000-2014 Drugs.com. Issue Date: March 5, 2014.

Decision rationale: Desoxyn is used for treating attention deficit disorders with hyperactivity in children. As per the documentation submitted, the patient currently utilizes this medication for fatigue. There is no documentation of functional improvement following the ongoing use of this medication. There are no recommendations that support the use of methamphetamine as a first line pharmacological treatment for adults diagnosed with fatigue. The medical necessity has not been established. Therefore, the request for 1 Prescription of Desoxyn 5mg is non-certified.