

Case Number:	CM13-0057087		
Date Assigned:	04/25/2014	Date of Injury:	01/31/1982
Decision Date:	06/12/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/25/2013

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 65 year old male who was injured on 1/31/1982. The diagnoses are neck pain, post cervical fusion syndrome, low back pain and knee pain. Other diagnoses listed are peripheral neuropathy, depression and psoriatic arthritis. Past surgical history is significant for left knee replacement and C4-C6 fusion. On 9/11/2013 the patient complained that the pain was constant at 6-9/10 with associated numbness, tingling and weakness of the extremities. [REDACTED] noted on 4/9/2014 that the pain score was 3/10 with medications but 7-9/10 without medications. There was no aberrant behavior. The pill count was consistent. There was no UDS included with the available. The constipation from opioid use was controlled by stool softeners. The patient was utilizing Enbrel and methotrexate. The medications listed are Oxycontin and Flurbiprofen for pain, Robaxin for muscle spasm and Trazodone for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 40MG #28: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-96.

Decision rationale: The CA MTUS 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 or periods of exacerbation of chronic pain that is non responsive to standard NSAIDs, physical therapy and exercise. Opioids could also be utilized for maintenance treatment for patients who have tried and exhausted all forms of treatment including surgery, interventional pain management, behavioral medicine and psychiatric treatments. Opioids can be used in the treatment of neuropathic pain after first-line treatments such as anticonvulsants, antidepressants and topical medications have all been tried but have failed. The required documentation during chronic opioid therapy should include compliance monitoring such as Pain Contract, UDS, and absence of aberrant behavior and improvement of ADL / functional restoration. The concurrent use of psychiatric medications and sedatives is associated with increased incidence of severe drug interactions and adverse effects. This patient is not utilizing first line medications for the treatment of his severe peripheral neuropathy. There is no UDS available for review. He is utilizing multiple sedatives concurrently. The request is not medically necessary or appropriate.

OXYCODONE 10MG #112: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-96.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal and neuropathic pain. Opioid could be utilized for short term treatment of severe pain during periods of exacerbation of chronic pain that is non responsive to standard NSAIDs, physical therapy and exercise. The required documentations during chronic opioid therapy should include compliance monitoring such as Pain Contract, UDS, absence of aberrant behavior and improvement of ADL/functional restoration. The concurrent use of psychiatric medications and sedatives is associated with increased incidence of severe drug interactions and adverse effects. This patient is utilizing trazodone and Robaxin concurrently. The patient was diagnosed with severe peripheral neuropathy but is not on first line medications. There is no UDS report available. The request is not medically necessary or appropriate.

ROBAXIN 750MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Section Page(s): 63-64.

Decision rationale: The CA MTUS addressed the use of antispasmodics and muscle relaxants in the treatment of muscle spasms associated with 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 exacerbations of symptoms that are non responsive to standard treatment with NSAIDs, physical therapy and exercise. The short course should be limited to 2-3 weeks periods to minimize the risks of dependency, sedation and addiction associated with chronic use of muscle relaxants. The concurrent use of muscle relaxants with sedatives and opioids is associated with increased adverse drug interactions and severe complications. This patient have been utilizing Robaxin for many years. The patient is also utilizing high dose opioids and trazodone. The request is not medically necessary or appropriate.

FLURBIPROFEN 100MG: Overturned

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

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

Decision rationale: The CA MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. The chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal complications. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest periods during acute injury and exacerbations of musculoskeletal pain. The records indicate that the flurbiprofen is effective in controlling the musculoskeletal pain. The treating physician noted increase in pain and decrease the ADL when the flurbiprofen was stopped. There are no adverse effects from NSAIDs treatment reported. The request is medically necessary and appropriate.

TRAZODONE 150MG: Overturned

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

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

Decision rationale: The CA MTUS recommend antidepressant as first-line option for the treatment of neuropathic pain. Antidepressants are also beneficial in the treatment of non neuropathic pain especially in the presence of co-existing anxiety, depression, insomnia and psychosomatic symptoms. Tricyclic antidepressants are generally considered as first-line agents unless they are ineffective, poorly tolerated or contraindicated. Analgesia generally occurs within a few days to one week whereas antidepressant effects takes longer to occur. Assessment of treatment efficacy should include pain outcomes, ADL / physical functions, changes in analgesic medication utilization, sleep quality and psychological status. This records indicate that the patient have subjective and objective findings of insomnia, depression and neuropathic pain. The request is medically necessary and appropriate.