MAXIMUS Federal Services

Case Number:	CM13-0057760		
Date Assigned:	12/30/2013	Date of Injury:	03/15/1995
Decision Date:	04/04/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/26/2013

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 50 year old female who sustained a work related injury on 03/15/1995. The mechanism of injury was not provided. Her diagnoses include chronic low back pain, spinal stenosis thoracic region, cervical disc disease with myelopathy s/p anterior cervical discectomy and C4-C5, C5-C6 anterior interbody fusion. She has complaints of neck pain with headaches. On exam she has a mild antalgic gait and moderate paracervical myospasm. Treatment has included medical therapy including opiates, surgery, and chiropractic treatment. The treating provider has requested Celebrex 200mg q 12 hrs, Prilosec 20mg q 12hrs, Soma, Topamax, Miralax, Phenergan 25mg q 6 hrs, OMTm Methadone 10mg #240, Dilaudid 4mg # 100, Relpax 40mg #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg Q12 hrs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

Decision rationale: There is no documentation provided necessitating the use of Celebrex. Celecoxib is a sulfonamide non steroidal anti-inflammatory drug (NSAID) and selective Cox-2 inhibitor used in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, painful menstruation and menstrual symptoms, and to reduce numbers of colon and rectum polyps in people with familial adenomatous polyposis. Per the reviewed guidelines, non-steroidal anti-inflammatory medications (NSAIDs) are recommended for the treatment of chronic pain as a second line therapy after acetaminophen. The documentation indicates the clamaint has significant disc disease. Cox-2 inhibitors may be considered if the claimant has a risk of GI complications. There is no documentation indicating inability to tolerate traditional NSAIDs or a history of GI complications such as peptic ulcer disease or history of GI bleeding. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Prilosec 20mg Q12 hrs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, coricosteroids, and/or anticoagulants or high dose/multiple NSAID. The documentation does not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer disease. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

Soma (dose and frequency not listed): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: Per the reviewed literature, Carisoprodol (Soma) is not recommended for the long-term treatment of musculoskeletal pain. The medication has its greatest effect within 2 weeks. It is suggested that the main effect of the medication is due to generalized sedation and treatment of anxiety. Soma is classified as a Schedule IV drug in several states. It can cause physical and psychological dependence as well as withdrawal symptoms with abrupt discontinuation. The documentation does indicate there are palpable muscle spasms and there is no documentation of functional improvement from any previous use of this medication. Per Ca MTUS Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-

inflammatory medications alone. Based on the currently available information, the medical necessity for chronic use of this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Topamax 100mg Q12 hrs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

Decision rationale: The recommended medication, Topiramate is not medically necessary for the treatment of the patient's condition. Per the documentation there is no documentation that the claimant has neuropathic pain related to his chronic neck pain condition. Per California MTUS Guidelines 2009 antiepilepsy medications are a first line treatment for neuropathic pain. Medical necessity has not been documented and the requested treatment is not medically necessary for treatment of the patient's chronic pain condition.

Miralax: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2102: Treatment of Constipation.

Decision rationale: Miralax contains polyethylene glycol which is used for the relief of constipation. There is no history of constipation in the medical records. The claimant is maintained on opiate medications for pain control which can cause constipation but there is no record of response to other methods tried and failed for treating constipation. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Phenergan 25mg Q6 hrs:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Promethazine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Promethazine.

Decision rationale: Per the reviewed ODG Guidelines, promethazine is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion, and sedation. Tardive

dyskinesia is also associated with its use. There is no history of nausea or vomiting specified in the medical records and there is no detailed GI examination. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

OMT (osteopathic manipulative therapy): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: Per the reviewed guidelines, OMT (osteopathic manipulative therapy) is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Per the documentation there is no evidence of significant ongoing progressive functional improvement from previous PT/chiropractic visits that is documented in the records. In addition the claimant's injury occurred 18 years ago and a valid rationale as to why continued manipulation is required has not been provided. medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Methadone 10mg, #240: 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): 61.

Decision rationale: Per the reviewed guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug(8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. Per California MTUS Guidelines, opioids such as Methadone are seen as an effective method in controlling chronic pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including

an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Dilaudid 4mg, #100: 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): 61.

Decision rationale: Hydromorphone, (Dilaudid) is a very potent centrally acting analgesic drug of the opioid class. It is a derivative of morphine and is commonly used in the hospital setting, mostly intravenously (IV) because its bioavailability orally, rectally, and intranasally is very low. Sublingual administration is usually superior to swallowing for bioavailability and effects. Per California MTUS Guidelines, opioids such as Dilaudid are seen as an effective method in controlling chronic pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Relpax 40mg daily, #6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2012: Treatment of Migraines

Decision rationale: Relpax is a second generation triptan drug intended for treatment of migraine headaches. It is used as an abortive medication blocking a migraine attack which is already in progress. The claimant has headaches on the basis of chronic neck pain. There is no documentation of any history of migraine headaches. Medical necessity for the requested item has not been established. the requested item is not medically necessary.