

Case Number:	CM13-0064182		
Date Assigned:	01/03/2014	Date of Injury:	07/26/2000
Decision Date:	05/16/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/11/2013

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 59 year old male who was injured on 7/26/2000. The diagnoses listed are upper back, low back, shoulder, knees and hips pain. The patient had completed physical therapy, aquatic therapy, lumbar fusion and right knee total replacement surgeries. The 7/15/2013 clinic note indicated that the patient had a history of chronic depression dating back to 2012. The psychiatric medications were then changed from Effexor to Lexapro resulting in improvement in mood and affect. The patient is gainfully employed and is currently doing a desk job position with her company. The medications are listed as Duragesic patch and Norco 10/325 #240 for pain, Lexapro and Trazodone for depression and Robaxin for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DURAGESIC PATCH 25MCG #15 DISPENSED ON 10/23/2013:

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 California MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids are indicated for short term treatment of severe pain during acute injury or exacerbations of chronic pain that is non responsive to standard NSAIDs, physical therapy and exercise. The use of Duragesic patch is indicated as a second line option for treatment of malignant pain and in patients who have failed or cannot tolerate oral opioids medications. This patient is also utilizing Norco 10/325mg #240 per month. There is no documentation of better reduction in pain or improvement in ADL with the addition of the Duragesic patch to the medication regimen. The patient did not meet the criteria for the continuation of treatment with Duragesic patch 25mcg.

RETROSPECTIVE LEXAPRO 10MG #60 DISPENSED ON 10/23/13: Overturned

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.

Decision rationale: The California MTUS addressed the treatment of psychiatric symptoms associated with chronic pain. It is necessary to institute medication and non medication treatment of co-existing depression and anxiety as part of a multidisciplinary management of pain. Poorly controlled severe psychiatric conditions can be associated with increase incidence of addiction, aberrant drug behaviors and increase adverse effects during chronic opioid treatment. The Lexapro was non certified for absence of documentation of depression. But the 7/15/2013 clinic note indicated that the patient was being treated for depression with Effexor and trazodone since 2/17/2012. The patient was noted to experience less side effects and improvement in mood when the Effexor was replaced with Lexapro. Medical necessity in this case has been founded.

RETROSPECTIVE ROBAXIN 750MG #60 DISPENSED ON 10/23/13: 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): 65.

Decision rationale: The California MTUS addressed the use of antispasmodics and muscle relaxants in the treatment of muscle spasms associated with chronic pain. It is recommended that muscle relaxants be used Final Determination Letter for IMR Case Number CM13-0064182 4 with caution as a second-line option for short term treatment of acute exacerbations of spasms associated with chronic pain that are non responsive to standard treatment with NSAIDs, physical therapy and exercise. The short term course of treatment should be limited to 2-3 weeks to minimize the risk of dependency, sedation and addiction associated with chronic use of sedating muscle relaxants. The concurrent use of opioids with muscle relaxants is associated with increase incidence of opioid related adverse effects. This patient have been on chronic treatment

with muscle relaxants and opioids for many years. The medical necessity of Robaxin has not been met.