MAXIMUS Federal Services

Case Number:	CM13-0065792		
Date Assigned:	03/03/2014	Date of Injury:	05/31/1994
Decision Date:	06/13/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/13/2013

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 sustained injury on 5/31/1994. The diagnoses listed are shoulder pain, anxiety, depression, knee pain, insomnia and Fibromyalgia. There are coexisting diagnoses of irritable bowel syndrome, diabetes mellitus, fatty liver, dyspnea, hyperlipidemia and hypertension. The patient is on the following medications - Xanax, lorazepam and Prosom for anxiety, Butrans patch, Lyrica, Hydrocodone, Lidoderm and Flector patch for pain, Soma for muscle spasm, Welchol for lipidemia and Probiotics as dietary supplement. The UDS of 2/19/2014 was positive for Soma, Lorazepam, Hydrocodone, Tramadol and Buprenorphine. A Utilization Review decision was rendered on 11/22/2013 recommending non certification of Butrans 20mg, Soma 350mg, Lyrica 200mg #75, Lidoderm 5% #60, Welchol #180, Prosom 2mg #30, Probiotics, Hydrocodone/APAP 10/325 #60, Flector patch 1.3% Xanax 0.5mg #60 and Synthroid 50mcg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 20MG: 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 Buprenorphine, Page(s): 26-27.

Decision rationale: The California MTUS addressed the use of opioids in the treatment of chronic pain. The guidelines recommends that the use of opioid medications be limited to short term treatment of severe pain during acute injury or periods of exacerbation of chronic pain that is non responsive to standard treatment with NSAIDs, physical therapy and exercise. Because of less diversion potential associated with the use of Butrans, it is specially indicated in patients with a history of non- adherence to medication dose schedule and those with a past history of opioid detoxification or aberrant drug behavior. This patient is being treated with multiple opioids and other sedatives. The risk of opioid associated complications in this patient is significantly increased because of concurrent use of Hydrocodone, Xanax, Soma, Lyrica and Prosom. Therefore this request is not medically necessary.

SOMA 350 MG 90#: 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 Carisoprodol,Muscle Relaxants, Page(s): 29, 63-66.

Decision rationale: The California MTUS addressed the use of muscle relaxants in the treatment of muscle spasms associated with chronic pain.It is recommended that only non sedating muscle relaxants be used as 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 use of muscle relaxants should be limited to a course of 2-3 weeks to minimize the risk of dependency, sedation and addition associated with chronic use of sedating muscle relaxants. The concurrent use of Soma with opioids and other sedatives is associated with increased incidence of severe adverse drug effects. Therefore this request is not medically necessary.

LYRICA 200 MG #75: Overturned

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 Antiepilepsy Drugs Page(s): 16-22.

Decision rationale: The California MTUS addressed the use of anticonvulsant medications for the management of chronic neuropathic pain. Anticonvulsants are recommended as first-line medications in the treatment of neuropathic pain. This patient does have a history of fibromyalgia and diabetes neuropathy that are also responsive to treatment with Lyrica in addition to the radiculopathy.

LIDODERM 5% #60: 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 Topical Analgesics,Lidoderm Page(s): 56-57, 112.

Decision rationale: The California MTUS addressed the use of topical analgesics for the treatment of neuropathic pain. Topical analgesic preparations could be utilized to treat neuropathic pain when trials of anticonvulsant and antidepressant medications have failed. The guideline does not support the use of Lidoderm for the treatment of osteoarthritis or myofascial pain syndrome. It is recommended that treatment with Lidoderm be limited to less than 4 weeks. This patient is concurrently being treated with Lyrica. The patient did not fail treatment with anticonvulsant. The guideline for the use of Lidoderm was not met.

WELCHOL #180: Overturned

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 FDA

Decision rationale: The Calfornia MTUS did not address the use of anticholesterol medications. A detailed description on the use of anticholesterol medication is available on FDA website and publications. On 12/23/2013, [redacted] reported that the patient was changed from Crestor to Welchol because she could no longer tolerate Crestor due to interactions with other medications. The use of Welchol was non certified because it was thought to be duplication therapy due to the prior use of Crestor.The patient did meet the criteria for the use of Welchol because she is no longer utilizing Crestor.

PROSOM 2 MG #30: 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 Benzodiazepines, Page(s): 24.

Decision rationale: The California MTUS addressed the use of benzodiazepines in the treatment of anxiety associated with chronic pain. The guideline recommend that the use of benzodiazepines be limited to less than 4 weeks because the incidence of tolerance, dependency and addiction which increases with chronic use. Patients with co-existing depression respond better to the use of antidepressants with anxiolytic properties. The patient is utilizing multiple medications including Xanax and Lorazepam in addition to the opioid medications. The use of multiple benzodiazepines, Soma and opioids concurrently is associated with increased risk of

severe adverse drug effects including fatalities. The UDS of 2/29/2014 was inconsistent with absence of Prosom. The criteria for discontinuation of treatment with Prosom were met.

PROBIOTICS: 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 FDA, Food Supplements.

Decision rationale: The California MTUS did not address the use of food supplement in the treatment of symptoms associated with chronic pain. Probiotics is available without prescription as a food supplement. There is no peer reviewed publication on beneficial effects of probiotics in the management of chronic pain. The guideline did not have any recommendation or indications for the use of probiotics.

HYDROCODONE 10/325 MG #60: 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 Opioids Page(s): 74-96.

Decision rationale: The California MTUS recommend that the use of opioids be limited to the short term treatment of severe pain during acute injury or during periods of exacerbations of chronic pain that is non responsive to standard treatment with NSAIDs, physical therapy and exercise. This patient has been on chronic opioid treatment for several years. There is increased incidence of severe adverse drug effects in patients who are utilizing multiple sedatives and opioids concurrently. This patient utilizing multiple benzodiazepines, Soma, Butrans and Hydrocodone concurrently. Therefore this request is not medically necessary.

FLECTOR PATCH 1.3%: Overturned

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 Topical Analgesics, NSAIDs Page(s): 67-73, 111-113.

Decision rationale: The California MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest period during acute injury and exacerbation of chronic musculoskelatal pain. The Flector patch preparation contains diclofenac epolamine 1.3%. The record indicate that this topical NSAID is effective in the management of chronic knee pain for

this patient. The patient could not tolerate oral NSAIDs because of a history of irritable bowel syndrome and dyspepsia.

XANAX 0.5MG #60: 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 Benzodiazepines, Page(s): 24.

Decision rationale: The California MTUS addressed the use of benzodiazepines in the treatment of anxiety associated with chronic pain. It is recommended that the use of Xanax for anxiolysis be limited to short term use of few weeks because of the rapid development of tolerance, dependency and addiction. The guideline recommends that antidepressants with anxiolytic properties are more effective for the treatment of chronic pain patients who have co-existing anxiety and depression. This patient is utilizing multiple benzodiazepines, soma and opioids concurrently. There is increased danger of severe adverse drug effects when multiple sedatives are used concurrently. Therefore this request is not medically necessary.

SYNTHROID 50MCG #30: 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 Drugs Website.

Decision rationale: The California MTUS did not address the indications for treatment with Synthroid. The medical indications and the dosage is available in both the FDA website and the Synthroid section of Drugs.com. The records indicate that the patient have been on Synthroid for several years. The available records did not list hypothyroidism as a diagnosis for this patient. There is absence of laboratory results showing deficiency of thyroid hormone or any deficiency that required Synthroid treatment.