

Case Number:	CM13-0068946		
Date Assigned:	01/03/2014	Date of Injury:	10/30/1996
Decision Date:	05/23/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas & Oklahoma. 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 injured worker reported an injury on 10/30/1996. The injured worker's medication history included Cytomel, diazepam, Estradiol, Levoxyl, lisinopril, Norco, oxycodone, simvastatin, Trazodone, and Wellbutrin as of 2012. Other medications of 2012 include Lactulose and ibuprofen. The documentation of 11/12/2013 revealed the injured worker had increased low back pain with the weather turning colder. The injured worker indicated that the medications were effective for pain. It was indicated the injured worker had been started on Valium and was attending physical therapy. The injured worker indicated OxyContin was effective for pain and denied constipation or sedation. It was indicated the injured worker had been using a muscle stimulator and found it to be helpful. The back pain was a 7/10 with medications and a 10/10 without medications. There were no side effects or aberrant behavior. The injured worker was being monitored through [REDACTED] reports and urine drug screens. The injured worker could perform routine household activities with the medications and could exercise. The diagnosis was DDD lumbosacral, thoracic, or lumbar, hypertension, and myofascial low back pain. The treatment plan included OxyContin and other medications. It was indicated that the injured worker needed to lose weight. There was a letter from the injured worker indicating that the medications to help her perform her daily routines were OxyContin, Tizanidine, clonazepam, Wellbutrin, Trazodone, Norco, and Miralax powder as well as over-the-counter ibuprofen. The injured worker indicated that she had tried to go without the medications and could not function as back pain intensified. The injured worker indicated she had lost 75 pounds. The injured worker indicated that the medications not related to or prescribed for her injury were Lisinopril, Estradiol, Cytomel, Synthroid and Valium (which was a onetime order following hip replacement surgery).

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM: 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: California MTUS guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time, since 2012. The clinical documentation submitted for review failed to indicate a necessity for 6 benzodiazepines. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. The patient's letter indicated that this medication was not prescribed for her injury. Given the above, the request for Valium is not medically necessary.

OXYCONTIN 80MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Ongoing Management and Opioid Dosing Page(s): 60,78,86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had documentation of objective functional improvement, objective pain decrease, and that she was being monitored for aberrant drug behavior and side effects. The clinical documentation indicated the injured worker had been utilizing opiates since 2012. The request as submitted failed to indicate the quantity as well as the frequency of the OxyContin 80 mg. There could be no addressing of the cumulative dosing of OxyContin as there was no frequency provided. Given the above, the request for OxyContin 80 mg is not medically necessary.

CLONAZEPAM 1MG: Upheld

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

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

Decision rationale: California MTUS guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time, since 2012. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time, since 2012. The clinical documentation submitted for review failed to indicate a necessity for 6 benzodiazepines. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. Given the above, the request for prospective usage of Clonazepam 1mg is not medically necessary.

COLACE 100MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Veterans Health Administration, Department of Defense, VA/DoD Clinical Practice Guideline

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Therapy Page(s): 77.

Decision rationale: California MTUS recommends that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review indicated the injured worker was not reporting constipation. The clinical documentation indicated the injured worker had been using a medication for constipation since 2012. The request as submitted failed to indicate the frequency and the quantity of the medication being requested. There was a lack of documentation indicating a necessity for 3 medications for constipation. Given the above, the request for Colace 100 mg is not medically necessary.

IBUPROFEN 200MG: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation indicated the injured worker had been utilizing the medication since 2012. The clinical documentation submitted for review failed to indicate the injured worker had objective functional improvement and an objective decrease in pain with ibuprofen. The request as submitted failed to indicate the

frequency and the quantity being requested. Given the above, the request for Ibuprofen 200mg is not medically necessary.

CYTOMEL 25MCG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com - Liothyronine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/cytomel.html>

Decision rationale: Drugs.com indicates that Cytomel is a manmade hormone to treat hypothyroidism. Liothyronine (Cytomel) should not be used to treat obesity or weight problems. The clinical documentation submitted for review failed to provide documented rationale for the use of Cytomel. The injured worker indicated she had lost 75 pounds. There was lack of documented rationale for the use of the medication. The clinical documentation indicated the injured worker was utilizing the medication since 2012. There was lack of documentation of a recent thyroid level to indicate the necessity for continued use of Cytomel. The request as submitted failed to indicate the frequency and quantity of medication being requested. The patient's letter indicated that this medication was not prescribed for her injury. Given the above, the request for Cytomel 25mcg is not medically necessary.

ESTROGEL GEL 0.75MG/1.25 GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com - Estrogel.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Estrogel>

Decision rationale: Drugs.com indicates that Estrogel is used to treat certain symptoms of menopause such as hot flashes, vaginal dryness, burning, and irritation. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. There was a lack of documentation of objective functional benefit that was received from the medication and a rationale to support the use of the medication. The request as submitted failed to indicate the frequency for the requested medication. The patient's letter indicated that this medication was not prescribed for her injury. Given the above, the request for Estrogel 0.75mg/125gm is not medically necessary.

LACTULOSE SOLUTION 10GM/15ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Veterans Health Administration, Department of Defense, VA/DoD Clinical Practice Guideline for the Management of Opioid Therapy for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: California MTUS recommends that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review indicated the injured worker was not reporting constipation. The clinical documentation indicated the injured worker had been using a medication for constipation since 2012. The request as submitted failed to indicate the frequency and the quantity of the medication being requested. There was a lack of documentation indicating a necessity for 3 medications for constipation. Given the above, the request for Lactulose Solution 10g/15mL is not medically necessary.

LEVOXYL 100MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com -Levoxyl (levothyroxine).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/levoxyl.html>.

Decision rationale: Drugs.com indicates that Levoxyl is a replacement hormone to regulate the body's energy and metabolism and to treat hypothyroidism. The clinical documentation indicated the injured worker had been utilizing the medication since 2012. The clinical documentation submitted for review failed to indicate a recent laboratory study to support the necessity for ongoing use of Levoxyl and to support efficacy. The request as submitted failed to indicate the frequency and quantity for the medication. The patient's letter indicated that this medication was not prescribed for her injury. Given the above, the request for Levoxyl 100 mg is not medically necessary.

LISINOPRIL 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MOSBY'S Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/lisinopril.html>

Decision rationale: Drugs.com indicates that Lisinopril is used to treat high blood pressure. The clinical documentation submitted for review failed to indicate the injured worker's blood pressure. There was a lack of documentation of the injured worker's blood pressure to support the efficacy of the medication. The clinical documentation indicated the injured worker had been utilizing the medication since 2012. The request as submitted failed to indicate a frequency and quantity for the requested medication. The patient's letter indicated that this medication was not prescribed for her injury. Given the above, the request for Lisinopril 10 mg is not medically necessary.

MIRALAX POWDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MOSBY'S Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: California MTUS recommends that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review indicated the injured worker was not reporting constipation. The clinical documentation indicated the injured worker had been using a medication for constipation since 2012. The request as submitted failed to indicate the frequency and the quantity of the medication being requested. There was a lack of documentation indicating a necessity for 3 medications for constipation. Given the above, the request for MiraLax powder is not medically necessary.

NORCO 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management and Opioid Dosing Page(s): 60,78,86.

Decision rationale: California MTUS recommends that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had documentation of objective functional improvement, objective pain decrease, and that she was being monitored for aberrant drug behavior and side effects. The clinical documentation indicated the injured worker had been utilizing opiates since 2012. The request as submitted failed to indicate the quantity as well as the frequency of the Norco 10/325mg. There could be no addressing of the cumulative dosing of OxyContin as there was no frequency provided. Given the above, the request for Norco 10/325mg is not medically necessary.

TIZANIDINE 4MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication since 2012 and there was a lack of documentation of objective improvement. The clinical documentation submitted for review failed to indicate the injured worker had muscle spasms upon examination. There was a lack of documentation of objective functional improvement with the medication. There was lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency and quantity for the medication. Given the above, the request for Tizanidine 4mg is not medically necessary.

TRAZODONE HCL 50MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended, especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation indicates the injured worker had been utilizing the medication since 2012. The clinical documentation submitted for review failed to meet the above criteria. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Trazodone HCl 50mg is not medically necessary.

WELLBUTRIN SR 150MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended, especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review failed to meet the above criteria. The request as submitted failed to indicate the frequency and quantity for the requested medication. The clinical documentation indicates

the injured worker had been utilizing the medication since 2012. Given the above, the request for Wellbutrin SR 150 mg is not medically necessary.