

Case Number:	CM13-0069453		
Date Assigned:	01/03/2014	Date of Injury:	12/04/1997
Decision Date:	05/29/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/23/2013

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 Neurology and is licensed to practice in Texas. 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 is a 60 year old male who reported an injury on 12/04/1997. The mechanism of injury was a motor vehicle accident. The clinical notes dated 11/07/2013 noted the injured worker reported pain which felt like a knife stabbing through his head from right to left; aching pain in the posterior head and neck; burning, stabbing and aching in the entire spine; burning in both arms from axilla to wrist anteriorly; and burning over both buttocks and hips which were worse when compared to the prior visit symptoms. The injured worker reported back pain rated 9/10 and constant, leg pain was 8/10 and constant. The injured worker reported neck pain 9/10 and constant, arm pain rated 5/10 and frequent. The injured worker reported a new very bad migraine since the prior visit. The provider noted the injured worker had very severe thoracic kyphosis. The injured worker has tried and failed Clonidine with no relief. The injured worker had diagnoses including cervicothoracic arthrodesis, thoracolumbar arthrodesis, nonunion, L5-S1, loose instrumentation in the upper part of the thoracic and lumbar, flat back syndrome lumbar, sacroiliac joint dysfunction secondary to a long arthrodesis, increasing kyphosis, upper thoracic spine. The requests for authorization for Opana, Morphine sulfate IR, Vicodin ES, Diazepam, Botox injections was provided submitted on 11/15/2013 and 11/18/2013. Recommendations included a refill on Opana, Morphine sulfate IR, Vicodin ES, Diazepam, and for Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OPANA 30MG, #60 (1 TABLET BY MOUTH EVERY 12 HOURS):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines THERAPEUTIC TRIAL OF OPIOIDS, ONGOING MANAGEMENT Page(s): 76,78-93.

Decision rationale: The Expert Reviewer's decision rationale: The request for Opana 30 mg, # 60 one tablet every six hours is non-certified. The injured worker reported pain which felt like a knife stabbing through his head from right to left aching in the posterior head and neck with burning stabbing and aching in the entire spine, with burning in both arms from axilla to wrist anteriorly. He also reported burning over both buttocks and hips which was noted to be worse than the previous visit. The California MTUS guidelines recommend the use of opioids should be part of a treatment plan that is tailored to the patient. The guidelines recommend assessing whether the patient will likely improve. The guidelines recommend monitoring for red flag indications that opioids may not be helpful in the chronic phase including evidence of little or no relief with opioid therapy in the acute and subacute phase. Consider use of a urine drug screen to assess for the use of abuse, addiction or poor pain control. The guidelines note it is not recommended to begin therapy at doses higher than 20 mg due to adverse effects, to initially begin on 5 mg every 12 hours around the clock. The provider documented an increase of pain within the medical records. It was unclear if the medication was effective in decreasing the injured workers pain symptoms. There was a lack of documentation of urine drug screening noted, the guidelines do not recommend to begin therapy at a dose higher than 20 mg, the request is for Opana 30 mg. Given the information submitted the request for Opana 30 mg,# 60 every six hours is not medically necessary.

PRESCRIPTION OF MORPHINE SULFATE IR (MSIR) 30MG, #180 (1 TABLET BY MOUTH EVERY 4 HOURS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 76-78.

Decision rationale: The request for Morphine Sulfate IR is non-certified. The injured worker reported pain which felt like a knife stabbing through his head from right to left aching in the posterior head and neck with burning stabbing and aching in the entire spine, with burning in both arms from axilla to wrist anteriorly. He also reported burning over both buttocks and hips which was noted to be worse than the previous visit. The California MTUS guidelines recommend the use of opioids should be part of a treatment plan that is tailored to the patient. The guidelines recommend assessing whether the patient will likely improve. The guidelines recommend monitoring for red flag indications that opioids may not be helpful in the chronic phase including evidence of little or no relief with opioid therapy in the acute and sub-acute

phase. Consider use of a urine drug screen to assess for the use of abuse, addiction or poor pain control. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There was a lack of documentation of urine drug screening noted. The provider documented an increase of pain within the medical records. It was unclear if the medication was effective in decreasing the injured workers pain symptoms. There is a lack of documentation of pain relief, and an assessment of the efficacy of the medication. Given the clinical information above the request for Morphine Sulfate IR 30 mg # 180 every 4 hours is not medically necessary.

PRESCRIPTION OF VICODINES 7.5/750MG, #120 (1 TABLET BY MOUTH DAILY AS NEEDED WITH 2 REFILLS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 76-78.

Decision rationale: The request for Vicodin ES 7.5/750 mg # 120 one tablet by mouth daily as needed with 2 refills is non-certified. The injured worker reported pain which felt like a knife stabbing through his head from right to left aching in the posterior head and neck with burning stabbing and aching in the entire spine, with burning in both arms from axilla to wrist anteriorly. He also reported burning over both buttocks and hips which was noted to be worse than the previous visit. The California MTUS guidelines recommend the use of opioids should be part of a treatment plan that is tailored to the patient. The guidelines recommend assessing whether the patient will likely improve. The guidelines recommend monitoring for red flag indications that opioids may not be helpful in the chronic phase including evidence of little or no relief with opioid therapy in the acute and sub-acute phase. Consider use of a urine drug screen to assess for the use of abuse, addiction or poor pain control. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There was a lack of documentation of urine drug screening noted. The provider documented an increase of pain within the medical records. It was unclear if the medication was effective in decreasing the injured workers pain symptoms. There is a lack of documentation of pain relief, and an assessment of the efficacy of the medication. Given the clinical information above the request for Vicodin ES 7.5/750 mg # 120 one tablet by mouth daily as needed with 2 refills is not medically necessary.

PRESCRIPTION OF DIAZEPAM 10MG, #90 (1 TABLET BY MOUTH 3 TIMES DAILY AS NEEDED WITH 1 REFILL): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZAPINES Page(s): 24.

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

Decision rationale: The Expert Reviewer's decision rationale: The request for Diazepam 10 mg # 90 one tablet by mouth three times a day as needed with 1 refill is non certified. The injured worker reported pain which felt like a knife stabbing through his head from right to left aching in the posterior head and neck with burning stabbing and aching in the entire spine, with burning in both arms from axilla to wrist anteriorly. He also reported burning over both buttocks and hips which was noted to be worse than the previous visit. The California MTUS guidelines do not recommend benzodiazapenes for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. It appears the injured worker has been utilizing the medication since at least 11/2013, which would exceed the guideline recommendations. The efficacy of the medication was unclear within the provided documentation. Therefore, the request for Diazepam 10 mg # 90 one tablet by mouth three times a day as needed with 1 refill is not medically necessary.

BOTOX INJECTIONS (IN NECK MUSCLES AND SCALP MUSCLES TO TREAT THE SEVERE MIGRAINE SYNDROME): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
BOTULINUM TOXIN (BOTOX, MYOBLOC) Page(s): 25-26.

Decision rationale: The Expert Reviewer's decision rationale: The request for botox injection in the neck muscles and scalp muscles to treat the severe migraine syndrome are non-certified. The injured worker reported knife stabbing through the head from right to left aching in the posterior head and neck with burning stabbing and aching in the entire spine, with burning in both arms from axilla to wrist anteriorly. Also reported burning over both buttocks and hips which were noted to be worse than previous visit. The California guidelines do not recommend for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome and trigger point injections, given the information submitted the request for botox injections in the neck muscles and scalp muscles to treat the severe migraine are not medically necessary.