

Case Number:	CM13-0069976		
Date Assigned:	01/03/2014	Date of Injury:	02/03/2005
Decision Date:	09/23/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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:

This a 49 year old female injured worker with date of injury 2/3/05 with related bilateral shoulder and bilateral upper extremity pain and discomfort. Per previous review, she reported spasms, difficulty performing ADLs, and headaches. There is numbness and tingling in the right hand, and radiating pain and weakness in the bilateral upper extremities. On examination, the bilateral shoulders had tenderness and spasms. Flexion and abduction were noted to be decreased. The bilateral elbows were tender and were noted to have a 0 to 130 degrees range-of-motion. The bilateral wrists were tender with effusion. Neurologic exam revealed decreased sensation in the right hand. The documentation submitted for review does not indicate whether physical therapy was utilized. Imaging studies were not submitted. The date of UR decision was 12/6/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

DORAL 15MG #30 (DATE OF SERVICE: 11/04/13): Upheld

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

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

Decision rationale: With regard to benzodiazepines, MTUS CPMTG states "Not recommended 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The documentation submitted for review provide no rationale or support for the request. There are no submitted progress notes, as such it is not included in any treatment plan, nor is there clinical data provided to support the use of a benzodiazepine for the injured worker's diagnoses. Without documentation medical necessity cannot be affirmed. Therefore, the request is not medically necessary.

VOLTAREN XR 100MG #60 (DATE OF SERVICE: 11/04/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68, 71.

Decision rationale: With regard to NSAIDs, the MTUS CPMTG states they have "fewer effects than muscle relaxants and narcotic analgesics." Specifically, "Voltaren -XR: 100 mg PO once daily for chronic therapy. Voltaren -XR should only be used as chronic maintenance therapy."The documentation submitted for review provide no rationale or support for the request. There are no submitted progress notes, as such it is not included in any treatment plan, nor is there clinical data provided to support the use of an NSAID for the injured worker's diagnoses. Without documentation medical necessity cannot be affirmed. Therefore, the request is not medically necessary.

FEXMID 7.5MG #60 (DATE OF SERVICE: 11/04/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Fexmid: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a

central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The documentation submitted for review provide no rationale or support for the request. There are no submitted progress notes, as such it is not included in any treatment plan, nor is there clinical data provided to support the use of a muscle relaxant for the injured worker's diagnoses. Without documentation medical necessity cannot be affirmed. Therefore, the request is not medically necessary.

NORCO 10/325MG #60 (DATE OF SERVICE: 11/04/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal no documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The documentation submitted for review provide no rationale or support for the request. There are no submitted progress notes, as such it is not included in any treatment plan, nor is there clinical data provided to support the use of an opioid for the injured worker's diagnoses. Without documentation medical necessity cannot be affirmed. Therefore, the request is not medically necessary.

FIORICET (BUTALBITAL/APAP/CAFFEINE) 50/325/40MG #60 (DATE OF SERVICE: 11/04/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Barbiturate-Containing Analgesic Agents Page(s): 23.

Decision rationale: Per MTUS CPMTG with regard to barbiturate-containing analgesic agents: "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache." As the request is not recommended by the MTUS, the request is not medically necessary.