

Case Number:	CM14-0003436		
Date Assigned:	01/31/2014	Date of Injury:	12/31/2009
Decision Date:	06/23/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/08/2014

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 Family Practice, 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 51-year-old who reported an injury on December 31, 2009. The mechanism of injury was boxes fell and the injured worker turned to run and broke her leg. Clinical documentation indicated the injured worker had been utilizing opiates, muscle relaxants and PPIs (proton pump inhibitors) since 2012. The documentation indicated the injured worker had been utilizing antidepressants since September of 2013. The documentation of November 26, 2013 revealed the injured worker had pain that came and went. The diagnoses included discogenic lumbar condition with facet inflammation and left-sided radiculopathy, right ankle sprain/strain, left knee internal derangement status post two previous surgeries with persistent symptomatology significant depression and sleep issues, issues of sexual dysfunction, GERD (gastroesophageal reflux disease), fatigability, constipation, occasional headaches and right hip inflammation. The treatment plan included Vicodin 7.5 mg #60 for moderate pain, Flexeril 7.5 mg #60 for muscle spasm, tramadol ER 150 mg #60 for long acting pain relief, Effexor 75 mg #60 for depression, Protonix 20 mg #60 for upset stomach, trazodone 50 mg #60 for insomnia and Terocin patches #20 for topical relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 7.5MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MEDICATIONS FOR CHRONIC PAIN; ONGOING MANAGEMENT, 60; 78

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The injured worker was noted to have been utilizing the medication since 2012. The request, as submitted, failed to indicate the frequency for the requested medication. The request for Vicodin 7.5mg, sixty count, is not medically necessary or appropriate.

EFFEXOR 75MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANTS FOR CHRONIC PAIN, 13-14

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANTS, 13

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for more than two months. There was lack of documentation of objective decrease in pain and objective functional improvement. The request, as submitted, failed to indicate the frequency for the requested medication. The request for Effexor 75mg, sixty count, is not medically necessary or appropriate.