

Case Number:	CM14-0006584		
Date Assigned:	02/07/2014	Date of Injury:	04/23/2007
Decision Date:	07/22/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/17/2014

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 Occupational 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:

The patient is a 53-year-old male who has filed a claim for failed low back syndrome associated with an industrial injury date of April 23, 2007. Review of progress notes indicates upper, mid and low back pain; neck pain; bilateral knee pain radiating to the feet; intermittent giving out of the legs; sleep difficulty; depression; gastrointestinal symptoms; and sexual dysfunction. Findings include spasm in the cervical, thoracic, and lumbar paraspinals with limited ranges of motion; and positive straight leg raise test, more on the right. Patient walks with an antalgic gait. MRI of the cervical spine dated March 17, 2011 showed slight anterolisthesis at C7-T1 with moderate facet arthropathy with mild left neuroforaminal narrowing; bulge at C6-7; mild uncinat bridging at C5-6 and C3-4 without spinal stenosis; and minimal right neuroforaminal narrowing at C3-4. Treatment to date has included muscle relaxants, gabapentin, opioids, sedatives, acupuncture, physical and aquatic therapy, psychiatric care, and two lumbar spinal surgeries in 2008 and 2010. Utilization review from January 03, 2014 denied the requests for Flexeril 10mg #30 as there was no documentation of a treatment goal with this medication, and it is not recommended for long-term use; and Lunesta as patient has tried and failed therapy with this medication. There is modified certification for one-time psych treatment appointment with

██████████.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG 4 TIMES DAILY #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on page 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since June 2013. This medication keeps the patient functional with activities of daily living, and decreases pain levels from 8/10 to 4/10. Previous utilization review determination, dated January 03, 2014, has already certified this request for one month. Therefore, the request for Percocet 10/325mg #120 is not medically necessary.

FLEXERIL 10 MG #30 - I EVERY EVENING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. Patient has been on this medication since at least June 2013. There is no documentation of acute exacerbation of pain in this patient, and this medication is not recommended for long-term use. Therefore, the request for Flexeril 10mg #30 was not medically necessary.

REMERON 15 MG #60 -1-2 EVERY NIGHT AT BEDTIME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Pain chapter, Insomnia treatment.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, mirtazapine is a sedating antidepressant that can be used for neuropathic pain or non-neuropathic pain as an option in depressed patients, especially for patients who are at risk for bleeding. It can also be used as a second-line option for anxiety symptoms associated with chronic pain and for insomnia. Patient has been on this medication since at least June 2013. There is no documentation describing the

patient's sleep difficulty, or the benefits derived from this medication. Previous utilization review determination, dated January 03, 2014, has already certified this request for one month. Therefore, the request for Remeron 15mg #60 is not medically necessary.

LUNESTA -1 EVERY NIGHT AT BEDTIME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG) Pain chapter, Insomnia treatment. chapter, Insomnia treatment.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Patient has been on this medication since at least March 2013. This medication is being used with Remeron for sleep issues. However, progress notes indicate that the patient has tried and failed this medication. The requested dosage and quantity is not specified. Previous utilization review determination, dated February 25, 2014, has already certified this request. Therefore, the request for Lunesta 1 every night at bedtime is not medically necessary.

CONTINUE PSYCH CARE WITH [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines ODG) Pain chapter, Office visits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient complains of secondary insomnia, depression, and erectile/sexual dysfunction due to chronic pain. Patient was last seen for psychiatric follow-up in August 08, 2013. Although continued psychiatric care is advisable, the request does not specify the number of follow-up visits. Therefore, the request for continue psych care with [REDACTED] is not medically necessary.