

Case Number:	CM14-0012025		
Date Assigned:	02/21/2014	Date of Injury:	12/02/2005
Decision Date:	07/18/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine & Rehabilitation 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 cervical discogenic disease associated with an industrial injury date of December 02, 2005. A review of progress notes indicates cervical spine pain. Findings of the cervical region include spasms, tenderness, presence of trigger points, and decreased range of motion. There is radiculopathy at the C4-5 level bilaterally. Treatment to date has included opioids, anti-depressants, sedatives, trigger point injections, cervical epidural steroid injections, and cervical spinal fusion C6-7 in August 2006. A utilization review from January 21, 2014 denied the requests for venlafaxine HCl #60, hydrocodone/APAP 10/325mg #120, clonazepam #60, and alprazolam 0.5mg #100 as there is lack of clinical information to support the necessity of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR VENLAFAXINE HCL #60 DOS: 11/27/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Venlafaxine (Effexor).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN, SELECTIVE SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS); SNRIS (SEROTONIN NORADRENALINE REUPTAKE INHIBITORS) Page(s): 15; 105.

Decision rationale: As noted on pages 15 and 105 of the CA MTUS Chronic Pain Medical Treatment Guidelines, SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Patient has been on this medication since at least August 2013. There is no documentation as to the benefits derived from this medication. Also, patient does not complain of subjective symptoms of neuropathic pain, and there is no documentation regarding psychological symptoms. The requested dosage is not specified. Also, the progress note from 11/27/13 was not given along with the submitted documentation. Therefore, the retrospective request for venlafaxine HCl #60 was not medically necessary.

RETROSPECTIVE REQUEST FOR HYDROCODONE/APAP 10/325MG #120 DOS: 11/27/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids, criteria for use; On-Going Management.

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 at least August 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication compliance. Also, the progress note from 11/27/13 was not given along with the submitted documentation. Therefore, the retrospective request for hydrocodone/APAP 10/25mg #120 was not medically necessary.

RETROSPECTIVE REQUEST FOR CLONAZEPAM #60 DOS: 11/27/13: Upheld

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

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

Decision rationale: As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since at least August 2013. There is no documentation regarding anxiety symptoms in this patient. This medication is not indicated for long-term use. Also, the requested dosage is not specified, and the progress note from 11/27/13

was not given along with the submitted documentation. Therefore, the retrospective request for clonazepam #60 was not medically necessary.

RETROSPECTIVE REQUEST FOR ALPRAZOLAM 1.5MG #100 DOS: 11/27/13: Upheld

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

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

Decision rationale: As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since at least August 2013. There is no documentation regarding anxiety symptoms in this patient. This medication is not indicated for long-term use. The progress note from 11/27/13 was not given along with the submitted documentation. Therefore, the retrospective request for Alprazolam 1.5mg #100 was not medically necessary.