

Case Number:	CM14-0112408		
Date Assigned:	08/01/2014	Date of Injury:	07/01/2003
Decision Date:	09/09/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 53 year-old individual was reportedly injured on July 1, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 3, 2014, indicates that there are ongoing complaints of low back and neck pain a 163 pound individual who is normotensive (136/73). There is tenderness to palpation about the left upper Trinity, right upper extremity, the cervical and thoracic spine. No specific neurologic dysfunction is identified. Diagnostic imaging studies objectified a disc lesion at C6-C7. A normal electrodiagnostic assessment and degenerative changes in the facet joints. Previous treatment includes facet joint blocks, medial branch blocks, epidural steroid injections, multiple pain medications and other conservative interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on July 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg QTY: 300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 61-62 of 127 Page(s): 61-62 of 127..

Decision rationale: The records reflect that a modified endorsement of methadone was outlined so as to begin a weaning protocol. However, the progress notes reviewed did not indicate that there has been any success in ameliorating the symptomology, increasing functionality, or allowing for return to work. As such, the medical necessity for continued use of the medication (beyond the noted weaning protocol) is not present. Therefore, the request is not medically necessary per MTUS guidelines.

Soma 350mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol) Page(s): 29. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Second Edition - Chronic Pain Management: Carisoprodol (Soma), pg. 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Carisoprodol: Page 29 of 127 Page(s): 29 of 127.

Decision rationale: The MTUS specifically recommends against the use of soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such with the very specific recommendation of the MTUS against the use of this medication, this medication and thus, the request, is not noted to be medically necessary.

Norco 10/325mg QTY: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Hydrocodone/Acetaminophen Page(s): 78-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page 74-78, 88, 91 of 127 Page(s): 74-78, 88, 91 of 127.

Decision rationale: As outlined in the MTUS, this medication is indicated for the short-term management of the severe breakthrough pain. The progress as compared indicates that this is used on a chronic, indefinite basis. Furthermore, there is no objectification that this medication has any efficacy as the pain levels continued to be extremely high, there is no increase in functionality, no noted return to work or any other parameter by which the success of this medication can be established. Therefore, the medical necessity is not apparent. Is also noted that the injured employee is taking numerous other opioid medications, negating the need for this preparation. Therefore, the request is not medically necessary.

Lidoderm 5% patches QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Criteria for use of Lidoderm patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS. (Effective July 18, 2009) Page 56 of Page(s): Page 56 of.

Decision rationale: As noted in the MTUS, this is a brand name for a topical patch indicated for the localized peripheral pain after there has been evidence of a failure of first-line therapies. Given the ongoing complaints of pain, noting the multiple narcotic medications being employed, and noting the findings of the physical examination, there is no demonstration of the efficacy or utility of this preparation. As such, the medical necessity for this medication cannot be established.

Xanax 0.5mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Generalized anxiety disorder (GAD), Panic disorder, Social anxiety disorder (SAD) Official Disability Guidelines (ODG): Pain Chapter: Alprazolam (Xanax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26; MTUS (Effective July 18, 2009) Page 24 of 127.

Decision rationale: Xanax (Alprazolam) is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. Tapering of this drug may take weeks to months. Most guidelines limit the use of this medication to 4 weeks. The record reflects that this medication is being prescribed for long term use. There is no recent documentation of improvement in functionality with the use of this medication. Furthermore, the record does not reflect that an opioid agreement or urine drug screening protocols are being utilized. Therefore, when noting the ongoing complaints of pain and the lack of improvement with this medication, there is no medical necessity established with continued utilization.

Physical therapy QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The implementation of physical therapy protocols is warranted in the acute phase. However, as noted in the MTUS, transition to home exercise protocol emphasizing overall fitness, conditioning and achieving ideal body weight is also supported. Therefore, when noting the date of injury, the ongoing complaints of pain and the lack of any indication why a

home exercise protocol could not be pursued, there is no medical necessity for a formal physical therapy protocol.