

Case Number:	CM14-0021873		
Date Assigned:	05/09/2014	Date of Injury:	12/31/2001
Decision Date:	07/11/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Pain Medicine 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 54 year old female who initially presented with cervical region pain. The utilization review dated 02/11/14 resulted in modified approvals for MS Contin, Norco, Topamax, Relpax, Klonopin. The clinical note dated 02/12/14 indicates the injured worker presenting with a failure of the construct in the cervical spine collapsing down into the thoracic area. The injured worker was recommended for a very involved surgery to correct this issue. There is an indication the injured worker is complaining of an escalating pain level that was addressed with the use of MS Contin. There was also an indication the injured worker has undergone aquatic and physical therapy in the past. The note does indicate the injured worker having experienced acute spasms which were being addressed with the use of Robaxin. There is an indication the injured worker has complaints of increased anxiety which were being addressed with the use of Klonopin. There was also an indication the injured worker is a chronic migraine sufferer which was being addressed with the use of Robaxin. The clinical note dated 11/13/13 indicates the injured worker having a kyphotic deformity leading to a recommendation first for an anterior cervical correction with removal of the C3-4 and C5-6 artificial discs and interbody fusion and a 2nd stage C3 through T3 pedicle screw fusion to address the instability at T1-2 and T2-3. The injured worker did report ongoing pain that was rated as 9/10. The injured worker had significant range of motion deficits throughout the cervical spine to include 35 degrees of left rotation and 20 degrees to the right. The injured worker was able to demonstrate 5 degrees of bilateral lateral bending and 20 degrees of extension. The injured worker was identified as having a kyphotic deformity developing in the thoracic spine as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 30MG TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate Page(s): 23.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, MS Contin is recommended for a trial after failure of non-opioid analgesics, short-acting opioid analgesics and after a trial of generic extended-release morphine (equivalent to MS Contin). Additionally, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications with the intent to taper from opioid medications. No objective data was submitted regarding the patients functional improvements attributable to the use of this medication. As such, the request for MS Contin 30mg three times a day (TID) is not recommended as medically necessary.

ROBAXIN 700MG: 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 Methocarbamol (Robaxin, Robaxin, generic available) Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the request for Robaxin 700mg is not medically necessary and appropriate.

KLONOPIN 0.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23-24.

Decision rationale: As noted on page 24 of the 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. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such the request for Klonopin 0.5mg cannot be recommended as medically necessary at this time.

NORCO 10/325MG QID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

Decision rationale: As noted on page 91 in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient information in the documentation regarding the patient's functional benefits and improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics, the request for Norco 10/325mg four times a day (QID) is not medically necessary and appropriate.

RELPAK 40MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Chapter, Migraine Pharmaceutical treatment, Eletriptan.

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, Migraine pharmaceutical treatment.

Decision rationale: There is an indication that, the patient has had ongoing complaints of Migraine-related headaches. However, no information was submitted regarding the patient's response to the use of this medication in the past. As no objective data was submitted, this request of Relpax 40mg is not medically necessary and appropriate.