

Case Number:	CM14-0027413		
Date Assigned:	06/13/2014	Date of Injury:	04/08/2002
Decision Date:	08/20/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 injured worker is a 58-year-old male who reported an injury on 04/08/2002. The mechanism of injury was not provided. Prior treatments included medications and physical therapy as well as a spinal cord stimulator and surgical intervention. The medication history included Soma 350 mg, naproxen 550 mg, pantoprazole 20 mg, tramadol ER 150 mg, and Desyrel 50 mg as of at least 09/2013. The documentation of 01/14/2014 revealed the injured worker had pain radiating to the right lower extremity at the level of the knee. The back pain was associated with numbness and tingling. The injured worker's pain level with medication was 8/10 to 10/10 and without medications was 10/10. The injured worker had complaints of increased pain due to a malfunction of the spinal cord stimulator. The injured worker indicated medications were helping with pain, spasms, and insomnia. The diagnoses included lumbar radiculopathy, lumbar disc degeneration, lumbar failed surgery syndrome, status post lumbar fusion, status post spinal cord stimulator implant, chronic pain other, medication related dyspepsia, insomnia secondary to chronic pain, right knee pain, malfunction of SCS battery secondary to end of life of battery, and worsened pain secondary to loss of spinal cord stimulator. The treatment plan included a home exercise program, an appeal of a denial of Protonix and naproxen as the injured worker found it useful and found Soma beneficial for spasms, followup request for the replacement of the battery of the SCS, and other medications to be prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE-A 7.5/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 09/2013. There was documentation of an objective decrease in pain. There was a lack of documentation of objective functional benefit and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for hydrocodone-A 7.5/325mg #180 is not medically necessary.

DESYREL 50MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other medications, sleep quality and duration, and psychological assessments. The clinical documentation submitted for review failed to meet the above criteria. The documentation indicated the injured worker had been utilizing the medication since at least 09/2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Desyrel 50mg #30 is not medically necessary.

CARISOPRODOL 350MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the treatment of chronic pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the

medication since at least 09/2013. There was a lack of documentation of functional benefit. There was a lack of documentation of exceptional factors to warrant nonadherence to Guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for carisoprodol 350mg #90 is not medically necessary.

PANTOPRAZOLE 20MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had dyspepsia. The documentation indicated the injured worker had utilized the medication since at least 09/2013. However, there was a lack of documentation of efficacy for the requested medication. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for pantoprazole 20mg #30 is not medically necessary.

TRAMADOL ER 150MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 09/2013. There was documentation of an objective decrease in pain. There was a lack of documentation of objective functional benefit and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol ER 150mg #30 is not medically necessary.

NAPROXEN SODIUM 550MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the medication was beneficial for the injured worker. The documentation indicated the injured worker had been utilizing the medication since at least 09/2013. However, there was a lack of documentation of an objective increase in function. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for naproxen sodium 550mg #60 is not medically necessary.

VICODIN ES7.5/750MG #180 FOR LUMBAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 09/2013. There was documentation of an objective decrease in pain. There was a lack of documentation of objective functional benefit and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Vicodin ES 7.5/650mg #180 for lumbar is not medically necessary.