

Case Number:	CM14-0027586		
Date Assigned:	06/13/2014	Date of Injury:	12/03/2003
Decision Date:	07/23/2014	UR Denial Date:	02/14/2014
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, has a subspecialty in Pain 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 injured worker is a 41-year-old female with an industrial injury on December 3, 2003. The mechanism of injury was repetitive motion related to job duties including typing and scanning. The covered body regions include the right shoulder and neck. There are multiple disputed issues in this case including Norco, baclofen, Valium, and Prozac. The rationale for these denials and modifications are as follows: regarding Norco, the utilization reviewer felt there was inadequate documentation of the functional efficacy of the opioid and ongoing opioid management. With regard to the baclofen, there was no detailing of spasticity. With regard to the Valium, the guidelines do not support chronic use of benzodiazapines. With regard to the Prozac, this request was modified to a one-month supply as "there is Elavil use and mood is not addressed."

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria Page(s): 76-80.

Decision rationale: The progress notes from January 20, 2014 and March 11, 2014 document that the patient has benefited from the current medication regimen. However, opioid narcotics require additional documentation including monitoring for aberrant behaviors as well as description of functional benefit in order for these medications to be continued. In the submitted progress note, there is no documentation of monitoring for aberrant behaviors including random urine drug screens or querying the state database monitoring programs. This request is not medically necessary.

BACLOFEN 10MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Section Page(s): 64.

Decision rationale: One of the stated rationales for the use of baclofen is found in a progress note on January 20, 2014. The requesting healthcare provider states that the patient "cannot sleep without taking the Elavil, baclofen, and Valium together at night for sleep." Another follow-up progress note on date of service March 11, 2014 documents that pain is decreased with "current medications." However, these progress notes fails to document spasticity, and the California Medical Treatment and Utilization Schedule does not specifically address the use of Baclofen for use in sleep. Given these facts, this request is not medically necessary.

VALIUM 5MG #60: 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 Section Page(s): 24.

Decision rationale: The California Medical Treatment and Utilization Schedule state the following regarding Valium and benzodiazepines: "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005)". There is documentation from progress notes as early as January and March 2014 of the use of Valium 5 mg at night time. Given the guidelines regarding a limited time course of benzodiazepines, this request is not medically necessary.

PROZAC 20MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitors (SSRIs) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Section Page(s): 13-17.

Decision rationale: The California Medical Treatment and Utilization Schedule address the use of antidepressants as an option for neuropathic pain. However, the guidelines mentioned that among antidepressants, it is the SNRI subtype that is most appropriate for neuropathic pain. SSRI's are generally not considered very effective for neuropathic pain. They are FDA approved for the treatment of depression and anxiety disorders. However the submitted progress notes do not address whether the Prozac is helping with mood or not. Therefore, the request is not medically necessary.