

Case Number:	CM14-0030960		
Date Assigned:	06/20/2014	Date of Injury:	06/18/1989
Decision Date:	07/17/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/11/2014

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 Anesthesiology, has a subspecialty in 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 50 year old female who sustained an injury on 06/18/1989 when she slipped on a spilled drink. The injured worker was able to break the fall, but developed pain in the low back. Previous treatment included epidural steroid injections as well as physical therapy with minimal benefit. It does appear that the injured worker underwent lumbar laminectomy and fusion of the lumbar spine at L4-5. The injured worker has also received medial branch blocks as well as lumbar facet rhizotomy. The injured worker's medications have included Baclofen 10 mg three times daily, Bethanechole 25 mg four times daily, Celebrex 200 mg daily, Kadian ER 80 mg three times daily, morphine Instant Release 30 mg every 3-4 hours as needed for pain and Valium 10 mg twice daily. The injured worker has been followed by treating physician for pain management. The pain management initial consult on 12/23/13 documented the injured workers use of valium for anxiety and for sleep. The injured worker was utilizing Bethanechole for urinary urgency and incontinence. This had developed over the last three years and was worsened with any coughing or sneezing. The injured worker did report benefits from the use of Celebrex. Updated imaging studies were recommended due to sensory and strength changes in the lower extremities as well as increasing urinary tract incontinence. Follow up on 01/21/14 with pain management treating physician indicated the injured worker had severe pain with Morphine Sulphate ER 60 mg every six hours and Morphine Sulphate IR every six hours for breakthrough pain. Physical examination noted limited range of motion in the cervical spine with positive Hoffman's sign. Spurling's maneuver did contribute to pain in the upper extremities. The injured worker was recommended to increase MS Contin ER to 100 mg every eight hours and MSIR 30 mg up to 8 times per day. Updated electrodiagnostic studies were recommended. With the increase in narcotic medications the injured worker did report a decrease in the amount of pain experienced with an increase in function. Follow up on 02/24/14

noted the injured worker's pain was stable. The injured worker did have continuing difficulty with sleeping. On physical examination there was continued tenderness to palpation with loss of range of motion in the cervical spine. The injured worker also demonstrated restricted lumbar range of motion with associated muscle spasms and tenderness to palpation. There was sensory loss to light touch in the upper extremities to the right over the thumb, index and middle fingers. There was mild weakness noted of the right extensor hallucis longus (EHL) and on right knee extension. Reflexes were somewhat brisk in the upper extremities and trace to absent at the right knee versus the left side. Per the report, the injured worker had been utilizing Celebrex for more than 19 years which provided 80% improvement in symptoms. The injured worker felt that Valium was also effective in managing sleep and anxiety. Bethanechole was effective in improving normal bladder function and reducing the episodes of stress incontinence and urinary retention. Follow up on 03/11/14 noted persistent symptoms in the neck and low back radiating to the upper extremities. The injured worker's physical examination findings were not substantially changed. Modifications to the injured worker's morphine prescriptions were noted. As of 04/08/14 the injured worker's medications included MSER 60 mg every 8 hours and MSIR 30 mg every 6 hours which barely controlled the injured worker's symptoms. The injured worker did report a reduction in the amount of physical activity she was able to tolerate. Prescription medications at this visit included Celebrex 100 mg, Kadian 60 mg and MSIR 30 mg. The prior request was denied by utilization review on 02/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg tablet #90 with 3 refills: 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 Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Baclofen 10mg quantity 90 with three refills, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there has been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not recommend ongoing use of this medication at this time.

Bethanechol 25mg tablet #120 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: In regards to the request for Bethanechol 25 mg tablet #120 with 2 refills, this medication was being provided to the injured worker to address urinary incontinence symptoms to include retention and urinary dribbling. Per the injured worker, this medication did provide normal urinary function. In review of the clinical documentation submitted, there was no urology consult identifying evidence for urinary incontinence secondary to the injury in question that would support the use of Bethanechol. This medication has been utilized for an extended period of time and it would be expected that the injured worker would have recent urology evaluations to establish the efficacy of this medication.

Celebrex 200mg capsule #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs Page(s): 67-68.

Decision rationale: In regards to the use of Celebrex 200mg quantity 30 with two refills, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of prescription Non-steroidal anti-inflammatory drugs (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare-ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the injured worker could have reasonably transitioned to an over-the-counter medication for pain.

Valium 10mg tablet #60 with 0 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: In regards to the use of Valium 10mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no

evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, this reviewer would not recommend continuing use of this medication.