

Case Number:	CM14-0042228		
Date Assigned:	07/25/2014	Date of Injury:	05/09/2002
Decision Date:	09/11/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational 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:

Patient is a 53 year-old male with date of injury 05/09/2002. The medical document associated with the request for authorization, a pain management reevaluation/follow-up report, dated 03/11/2014, lists subjective complaints as neck pain with right arm pain/numbness, bilateral shoulder pain and low back pain, left greater than right. Objective findings: Examination of the spine revealed paraspinal tenderness in the cervical, thoracic and lumbar regions. Range of motion was limited due to pain. Patient has both radicular pain and axial pain. No new neurological deficits were noted. Diagnosis: 1. Cervicalgia 2. Cervicocranial syndrome 3. Spasm of muscle 4. Post-laminectomy syndrome, cervical region. Patient underwent a urine screen in September of 2013 that was compliant. The most recent MRI of the lumbar spine was performed on 06/06/2011 and was notable for diffuse annular bulge and endplate ridging with more focal small left posteriolateral to far lateral broad-based disc protrusion of disc levels L2-L5. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as 01/14/2014. Medications: 1. Baclofen 20mg SIG: tab 1-2 times daily 2. Oxycontin 30mg, #90 SIG: every 8 hours 3. Limbrel 500mg SIG: twice daily 4. Ambien CR 125mg, #30 SIG: 1 at bedtime 5. Senokot, #100 SIG: 1-2 times daily 6. Xanax 0.25mg, #45 SIG: 1-2 times daily 7. Sancuso 1 patch SIG: one patch weekly for nausea 8. Zofran ODT 8mg, #30 SIG: each AM as needed 9. Soma 350mg, #90 SIG: thrice daily 10. Percocet 10/325mg #120 SIG: 1 tablet 4 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20 mg: 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 Page(s): 63.

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. This request is not medically necessary.

Oxycontin 30 mg #90: 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 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. This request is not medically necessary.

Limbrel 500 mg: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical food.

Decision rationale: Limbrel is a medical food made from bark and root extracts. Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines. This request is not medically necessary.

Ambien CR 12.5 mg, #30: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien®).

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. This request is not medically necessary.

Senokot-s #100: 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 Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use; however, the patient should be weaned from narcotics which will make a laxative not medically necessary.

Xanax 0.25 mg #45: 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 Page(s): 24.

Decision rationale: Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. This request is not medically necessary.

Sancuso #4 for nausea: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics.

Decision rationale: Sancuso is a serotonin subtype 3 (5-HT₃) receptor antagonist indicated for the prevention of nausea and vomiting in patients receiving moderately and/or highly emetogenic chemotherapy for up to 5 consecutive days. There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for Sancuso. Current approved indications include nausea as a result of cancer chemotherapy. Sancuso not recommended for nausea and vomiting secondary to chronic opioid use. This request is not medically necessary.

Zofram ODT 8 mg. #30: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ondansetron (Zofran).

Decision rationale: There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for ondansetron. Current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron not recommended for nausea and vomiting secondary to chronic opioid use. This request is not medically necessary.

Soma 350 mg. #90: 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 Page(s): 29.

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. This request is not medically necessary.

Percocet 10/325 mg #120: 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 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. This request is not medically necessary.