

Case Number:	CM14-0050177		
Date Assigned:	08/06/2014	Date of Injury:	06/11/2005
Decision Date:	09/16/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/17/2014

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 Nevada. 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 records presented for review indicate that this 61 year-old individual was reportedly injured on June 11, 2005. The mechanism of injury is noted as a slip and fall type event. The most recent progress note, dated March 6, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated changes consistent with acute narcotic withdrawal. Diagnostic imaging studies were not reported. Previous treatment includes multiple medications, and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on March 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin ER 100mg #90 refill for 10years: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74, 75, 78, 93.

Decision rationale: When noting the date of injury, the injury sustained, and the response to narcotic medications there is no clinical indication that this medication is medically necessary. While noting that there was evidence of acute narcotic withdrawal, there is no noted increase

functionality or decrease in pain levels. As outlined in the MTUS the standards for use of narcotic medications have to demonstrate lowest possible dose to improve function. Therefore, given the progress notes presented for review there is no clinical indication of the medical necessity of this preparation.

Hydrocodone-Acetaminophen 5/325mg #120 refill for 10years: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91.

Decision rationale: Based on the date of injury, the injury sustained, the findings on physical examination and the lack of any noted increased functionality or decrease pain complaints the indefinite use of this medication is not supported. As outlined in the MTUS, this is for the management of moderate to severe breakthrough pain requires objective assessment in terms of pain relief, functional status and appropriate medication use. Seeing none, this would not be medically necessary.

Methocarbamol 750mg #120 refill for 10 years: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Carisoprodol Page(s): 29.

Decision rationale: The MTUS specifically recommends against the use of soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such with the very specific recommendation of the MTUS against the use of this medication, this medication is not medically necessary.

Lyrica 100mg #90 refill for 10 years: 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 19, 99.

Decision rationale: This medication has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia. Additionally, there is an off label use for neuropathic pain lesion. However, based on the progress notes the pain level continues to be 7/10 indicating that there is no subjective improvement in the pain levels As such, the physical

examination findings have not changed and there is no objective parameter noting any efficacy or utility with the continued uses preparation. As such, the medical necessity has not been established the progress notes presented for review.

Senna-Gen 187mg #60 refill for 10 years: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 88.

Decision rationale: This medication is a generic of the commercially available over-the-counter vegetable laxative. While noting chronic opioid use can lead to constipation, the progress notes do not indicate there are any complaints of constipation, the physical damage findings do not support any issues relative to constipation and one does not prescribe a 10 year medication without intervention. As such, based on the clinical information presented for review tempered by the parameters noted in the MTUS this is not medically necessary.

Amitriptyline HCL 10mg #150 refill for 10 years: 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 13, 15.

Decision rationale: This medication is a tricyclic antidepressant and there is no noted element of depression. Furthermore, the most recent progress notes do not discuss elements of depression why this medication is being employed. As such, there is insufficient clinical evidence support the medical necessity of this medication.