

Case Number:	CM14-0054940		
Date Assigned:	05/12/2014	Date of Injury:	09/11/2008
Decision Date:	07/10/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/24/2014

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 Management and is licensed to practice in Texas and Florida. 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 patient is a 31 year old female who was injured on 9/11/2008. The diagnoses are cervical, thoracic and lumbar spine pain. There are associated diagnoses of depression, anxiety, fibromyalgia, insomnia and panic disorder. The patient has been treated by multiple specialists since the 2008 injury. The patient was also treated by several internal medicine and primary care doctors. An epidural steroid injection resulted in reduction in pain in 2010. The patient was discharged by [REDACTED] 2013 for repeated positive marijuana and cocaine but absent prescribed benzodiazepines in UDS. The records also indicated failed UDS and non-compliant Pain Contract in 2012. The current medications are Lyrica, Norco and Nucynta for pain, Seroquel, Wellbutrin, Lexapro and Clonazepam for anxiety and depression and Soma for muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #60: 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 9792.20-9792.26 Page(s): 63-66.

Decision rationale: The CA MTUS addressed the use of muscle relaxants in the treatment of muscle spasm associated with chronic pain. It is recommended that only non-sedating muscle relaxants be used when necessary as a second-line option for short term treatment of acute exacerbation of symptoms that are non responsive to standard treatment with NSAIDs, PT and exercise. The use of muscle relaxants with other sedatives and opioids is associated with increased risk of dependency, addiction and severe adverse effects. The records indicate that the patient have been utilizing Soma for more than 1 year. The patient is also utilizing several psychiatric medications as well as opioids. The criteria for the use of Soma 350mg #60 was not met.

NORCO 10/325MG #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 9792.20-9792.26 Page(s): 74-96, 124.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids could be utilized for the short term treatment of severe pain during acute injury and periods of exacerbation of chronic pain that is non responsive to standard NSAIDs, PT and exercise. The required documentation during chronic opioid therapy include compliance monitoring measures such as Pain Contract, UDS, absence of aberrant behavior and improvement of ADL/functional restoration. The concurrent use of psychiatric medications and sedatives with opioids is associated with increased incidence of severe drug interactions and adverse effects. The record indicate that the patient is on multiple psychiatric medications, Soma, Nucynta and Lyrica. There was documentation of aberrant behaviors such as positive UDS tests for marijuana and cocaine. The criteria for the use of Norco 10/325mg #30 was not met. The guideline recommend that multidisciplinary chronic pain programs or Addiction Medicine specialists be involved for safe weaning of high dose sedatives and opioids in psychiatric patients.

CONSULTATION WITH PAIN MANAGEMENT: 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 9792.20-9792.26 Page(s): 30, 87-89.

Decision rationale: The CA MTUS addressed the indications and benefits for Chronic Pain Management Programs and Clinic Visits for medications monitoring. The record indicate that the patient had been evaluated by several Pain Management specialist, Rheumatologists, Internal Medicine Doctors, Psychiatrists and Orthopedic specialists. The patient was discharged by [REDACTED] for multiple failed UDS and aberrant behaviors. The UDS was positive for marijuana and cocaine. The record indicate that the patient is utilizing multiple psychiatric

medications and sedatives. The patient will benefit from a multidisciplinary Chronic Pain Management Program that will include behavioral modification and psychiatric care. The benefits of such programs are reductions of medications utilization and improvement in ADL/functional restoration. The criteria for the request for Consultation with Pain Management was not met.

CONSULTATION WITH RHEUMATOLOGIST: 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.

Decision rationale: The CA MTUS addressed the indications and benefits for Chronic Pain Management Programs and Clinic Visits for medications monitoring. The record indicate that the patient had been evaluated by several Pain Management specialist, Rheumatologists, Internal Medicine Doctors, Psychiatrists and Orthopedic specialists. The patient had already had full evaluation by Rheumatologists in the past. The record indicate that the patient is utilizing multiple psychiatric medications and sedatives. The patient will benefit from a multidisciplinary Chronic Pain Management Program that will include behavioral modification and psychiatric care. The benefits of such programs are reductions of medications utilization and improvement in ADL/functional restoration. The criteria for the request for Consultation with Rhuematologist was not met.