

Case Number:	CM14-0062318		
Date Assigned:	08/08/2014	Date of Injury:	09/17/1999
Decision Date:	09/16/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/05/2014

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 September 17, 1999. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 25, 2014, indicates that there are ongoing complaints of neck pain. The physical examination demonstrated a forward flexed gait, no gross deformity, and no tenderness to palpation is reported. A decrease in lumbar spine range of motion is noted and motor function is 5/5. Diagnostic imaging studies objectified a possible disc herniation at the level proximal to the fusion procedure as well as ordinary disease of life degenerative changes with bilateral foraminal stenosis and disc degeneration. Previous treatment includes several lumbar surgeries, postoperative rehabilitation, selective nerve root blocks and multiple pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on April 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325Mg: 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): 75 of 127.

Decision rationale: As outlined in the MTUS, opioids are seen as an effective method for controlling chronic pain. Continuation of opioid medications requires improve function, return to work, or some other parameter that establishes the efficacy of the medication. The guidelines also require the lowest possible dose should be prescribed that improve pain and function and there needs to be ongoing review and documentation of these parameters. In this case, there is no documentation of any significant improvement, the pain levels have reportedly remain the same, assess the functionality has not been established. According, based on the clinical information presented tempered by the parameters outlined in the MTUS this is not medically necessary.

Fentanyl 100 mcg/hr: 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): 44, 93 of 127.

Decision rationale: As outlined in the MTUS, this medication is indicated for the management of persistent chronic pain. This is medically indicated for those situations where around-the-clock opioid interventions are required. However, management should be at the lowest possible dose that allows for improvement in pain and increased functionality. Based on the records reviewed, there does not appear to be any increase in the overall functionality, decrease in the pain related symptomology, or demonstrated efficacy with the use of this medication. Additional pain management interventions are being sought. As such, the medical necessity for this preparation has not been established.

Baclofen 10 mg: 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 - 792.26 MTUS (Effective July 18, 2009) Page(s): 63, 64 of 127.

Decision rationale: The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia). It is also noted that the efficacy diminishes over time. Therefore, when noting that there is no objectification of a spinal cord injury or spasticity related to muscle spasm there is no functional benefit with the use of this medication. According, this is not medically necessary.

Nexium 40 Mg: 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): 68 of 127.

Decision rationale: This medication is a protein pump inhibitor useful in treatment of gastroesophageal reflux disease. It is also considered as a gastric protectant. However, while noting that the MTUS supports use of these medications any sticker clinical situations neither is presented either in the subjective complaints or physical examination. Therefore, the continued use of this medication has not been established in the medical necessity cannot be presented.

Clonazepam 1 Mg: 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): 66 of 127.

Decision rationale: Clonazepam (aka Klonopin) is a benzodiazepine used for the treatment of anxiety, seizures, neuralgia, and periodic leg movement disorder. It is not recommended for long term use. Further, as noted in the MTUS, this is not recommended due to rapid development of tolerance of dependence issues. There is little benefit in the use of this class of medications over non-benzodiazepines are the treatment spasm. Therefore, ongoing use of this medication is not supported. The medical necessity cannot be determined.

Trazadone 50 Mg: 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 Clinical Measures-Medications Page(s): Electronically Cited.

Decision rationale: Trazodone (Desyrel) is an antidepressant of the serotonin antagonists and reuptake inhibitor (SARI) with anti-anxiety and sleep-inducing effects. MTUS guidelines do not support trazodone for treatment of chronic persistent pain without depression. Review of the available medical records, fails to document a diagnosis of depression. Furthermore, the efficacy of this medication has not been established. As such, this request is not considered medically necessary.

Lidoderm Patch: 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): 56 of 127.

Decision rationale: MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Review of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request is not medically necessary.