

Case Number:	CM14-0071338		
Date Assigned:	07/21/2014	Date of Injury:	09/27/2011
Decision Date:	10/14/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 injured worker is a 45-year-old male who reported an injury on 11/02/2012 due to a motor vehicle accident. The injured worker has diagnoses of lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, depressive disorder not elsewhere classified, encounter for long term use of other medications, and sleep disturbance. Past medical treatment consists of physical therapy, aquatic therapy, the use of an H wave machine, the use of TENS Unit, and medication therapy. Medications include Lidocaine 5%, Ranitidine, Prozac, Methocarbamol, Skelaxin, Mirtazapine, Ibuprofen, Exalgo, and Dilaudid. The injured worker has undergone MRIs of the lumbar spine, chest x-ray, thoracic spine x-ray, lumbar spine x-ray, and cervical spine x-ray. On 05/28/2014, the injured worker complained of low back pain. Physical examination noted that the pain rate was 7/10 with medication. The submitted review lacked any pertinent information regarding range of motion, muscle strength, or sensory deficits. The treatment plan is for the injured worker to have 6 monthly follow-up appointments, continued use of medication, and to undergo an additional MRI. The provider feels the medications are necessary for the injured worker to continue with activities of daily living. The Request for Authorization form was submitted on 03/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly follow up - 6 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain, Office Visit

Decision rationale: The request for monthly follow-up visits, a total of 6, is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As injured worker's conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity of an office visit requires individual case review and assessment, being ever mindful that the best injured worker outcomes are achieved with the eventual injured worker independence from the healthcare system through self-care as soon as clinical feasible. The submitted documentation lacked any evidence regarding the injured worker current clinical situation which would help determine when they would need to be seen again and without that information, necessity of 6 follow-up visits cannot be determined. Furthermore, findings at the office visit would also determine the frequency of the next visit. Given the above, the injured worker is not within the Official Disability Guidelines recommendations. As such, the request for 6 follow-up visits is not medically necessary.

Dilaudid 8mg tab with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On-Going Management) Page(s): 78, 93.

Decision rationale: The request for Dilaudid 8 mg is not medically necessary. The California Medical Treatment Utilization Schedule guideline criteria state that the lowest possible dose should be prescribed to improve pain and function; there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There should also be the 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain, which include pain relief, side effects, physical and psychosocial functioning. The MTUS also require the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Dilaudid can cause respiratory depression and apnea. Injured workers taking Dilaudid may experience some circulatory depression, respiratory arrest, shock, and cardiac arrest. The submitted documentation lacked any evidence showing the efficacy of the medication. Also, it was not indicated whether the medication was helping with any functional deficits the injured worker might have had.

Additionally, the submitted reports lacked any evidence of what the injured worker's pain levels were before, during, and after the administration of Dilaudid. Furthermore, there was no indication of any side effects. According to guidelines, drug screens of urinalysis should be documented showing that the injured worker is in compliance with their medication therapy; the documentation lacked such evidence. Additionally, the request as submitted did not indicate the duration or frequency of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Dilaudid is not medically necessary.

Prozac 10mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Prozac Page(s): 107.

Decision rationale: The request for Prozac 10 mg is not medically necessary. California Medical Treatment Utilization Schedule Guidelines indicate that SSRIs are not recommended as a treatment for chronic pain but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. The submitted documentation did indicate that the injured worker had a diagnosis of depressive disorder. However, the submitted documentation did not indicate that the Prozac was helping the injured worker with any functional deficits. Additionally, the efficacy of the medication was not submitted for review. Furthermore, the request as submitted did not indicate the duration or frequency of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Prozac 10 mg is not medically necessary.

Methocarbamol 750mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The request for Methocarbamol is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state in most low back pain cases, Methocarbamol shows no benefit beyond NSAIDs in pain and overall improvement. Also, there was no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time, and prolonged use of the same medication in this class may lead to dependence. The MTUS Guidelines also state that Methocarbamol is within the class of drugs with limited published evidence, along with Chlorzoxazone, Dantrolene, and Baclofen. The submitted documentation does not indicate whether the Methocarbamol had been effective thus far. There was no quantified information regarding pain relief. As the injured worker did state that medications were helping somewhat with pain, it was unclear as to what medications were

helping. In addition, there was no assessment regarding the intensity or longevity of pain relief. The submitted documentation dated 05/20/2014 indicated that the injured worker had been taking this medication since at least this time, exceeding the recommended guidelines. Furthermore, the request as submitted did not indicate the duration or frequency of the medication. Given the above, the request for Methocarbamol is not supported by the MTUS Guidelines. As such, the request is not medically necessary.

Mirtazapine 15mg 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 Antidepressants for chronic pain Page(s): 13.

Decision rationale: The request for Mirtazapine is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use analgesic medication, and sleep quality and duration. Side effects including excessive sedation, especially that which would affect work performance should be assessed. The optimal duration of treatment is not known because most double blind trials have been of short duration, between 6 to 12 weeks. The submitted documentation lacked evidence of an objective assessment of the injured worker's pain level. Furthermore, there was no indication in the submitted report that the injured worker had neuropathic pain. Additionally, there was no diagnosis submitted for review indicating that the injured worker was congruent with recommended guidelines. The request as submitted did not indicate the duration or frequency of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Ibuprofen 600mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Anaprox Page(s): 72-73.

Decision rationale: The request for Ibuprofen 600 mg is not medically necessary. The California MTUS Guidelines indicate that Ibuprofen is a non-steroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis and they recommend the lowest effective dose to be used for all NSAIDs for the shortest duration of time consistent with the individual injured worker treatment goals. As guidelines state, Ibuprofen is recommended for relief of osteoarthritis, but is recommended at its lowest effective dose and shortest duration of time. Dosage recommended is 400 mg by mouth every 4 to 6 hours as needed. The submitted documentation indicated that the injured worker had been taking Ibuprofen since at least 05/2014, exceeding the recommended guidelines for the short term use. Additionally, it is

indicated that it be given at its lowest dose of 400 mg by mouth every 4 to 6 hours. The request as submitted is for 600 mg. Long term use of Ibuprofen can put injured workers at high risk for developing induced gastric ulcers. Given that the request exceeds the recommended criteria used of an NSAID for short term use, the request is not within the MTUS Guidelines. Furthermore, the efficacy of the medication was not provided to support continuation of the requested medication. As such, the request for Ibuprofen 600 mg is not medically necessary.

Exalgo ER 16mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On-Going Management) Page(s): 78, 93.

Decision rationale: The request for Exalgo (Dilaudid) is not medically necessary. The California Medical Treatment Utilization Schedule guideline criteria state that the lowest possible dose should be prescribed to improve pain and function; there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There should also be the 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain, which include pain relief, side effects, physical and psychosocial functioning. The MTUS also require the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Dilaudid can cause respiratory depression and apnea. Injured workers taking Dilaudid may experience some circulatory depression, respiratory arrest, shock, and cardiac arrest. The submitted documentation lacked any evidence showing the efficacy of the medication. Furthermore, it was not indicated whether the medication was helping with any functional deficits the injured worker might have had. Also, the submitted reports lacked any evidence of what the injured worker's pain levels were before, during, and after the administration of Dilaudid. Furthermore, there was no indication of any side effects. According to guidelines, drug screens of urinalysis should be documented showing that the injured worker is in compliance with their medication therapy; the documentation lacked such evidence. Additionally, the request as submitted did not indicate the duration or frequency of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Exalgo is not medically necessary.