

Case Number:	CM14-0077390		
Date Assigned:	07/18/2014	Date of Injury:	08/31/1998
Decision Date:	09/19/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/27/2014

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 Texas and Oklahoma. 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 50-year-old female who reported an injury on 08/31/1998. The mechanism of injury involved a fall. The current diagnoses include cervical radiculopathy, status post cervical spine fusion, lumbar radiculopathy, fibromyalgia, headaches, anxiety, depression, hypertension, insomnia, and chronic pain. The injured worker also has a history of elevated ANA labs and urinary incontinence. Previous conservative treatment includes physical therapy, medication management, psychotherapy, lumbar epidural steroid injections, and home exercise. It is noted that the injured worker has undergone a cervical spine fusion and bilateral shoulder surgery. The injured worker was evaluated on 05/07/2014 with complaints of neck pain radiating into the bilateral upper extremities and low back pain radiating into the bilateral lower extremities. The injured worker reported 6/10 pain with the current medication regimen. Ongoing headaches and jaw pain were also reported at that time. The current medication regimen includes Halcion, Xanax, Lidoderm patch, MS-Contin, Lexapro, Neurontin, Soma, Percocet, Provigil, Keflex, promethazine, Lotensin, Motrin, Prilosec, and Ritalin. Physical examination on that date revealed a well healed surgical scar in the cervical spine region, decreased cervical lordosis, spasm, tenderness to palpation at C4-7, tenderness at the trapezius muscles bilaterally, occipital tenderness, myofascial trigger points in the rhomboid muscles bilaterally, moderately limited cervical range of motion, tenderness to palpation at L3-S1, moderately to severely limited range of motion of the lumbar spine, decreased sensation in the left lower extremity, diminished motor strength in the bilateral lower extremities, decreased patellar reflexes on the left, and positive straight leg raise bilaterally. The injured worker is noted to have undergone multiple diagnostic studies to include an MRI of the lumbar spine on 01/15/2013, electrodiagnostic studies on 07/27/2012, additional electrodiagnostic studies on 11/04/2011, a CT scan of the cervical spine on 06/28/2012, an MRI of the lumbar spine on

04/26/2012, and an x-ray of the cervical spine on 06/28/2012. Treatment recommendations at that time included continuation of the current medication regimen. There was no request for authorization form submitted on the requesting date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has utilized this medication since 04/2013 without any evidence of objective functional improvement. The injured worker continues to demonstrate palpable muscle spasm and multiple trigger points. As the medical necessity has not been established, the request is not medically necessary.

Percocet 10-325mg 1 q 6 hours #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 04/2013 without any evidence of objective functional improvement. The injured worker continues to present with 6/10 pain in the neck and lower back with radiation into the bilateral upper extremities and bilateral lower extremities. Therefore, the current request is not medically necessary.

Provigil 100mg qd #30: Upheld

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

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

Decision rationale: The Official Disability Guidelines do not recommend Provigil to solely counteract sedation effects of narcotics until after considering reducing excessive narcotic prescribing. There is no documentation of excessive sleepiness associated with narcolepsy, obstructive sleep apnea, or shift work sleep disorder. Therefore, the injured worker does not meet criteria for the requested medication as outlined by the Official Disability Guidelines. There is also no mention of an attempt to reduce excessive narcotic prescribing. As such, the request is not medically necessary.

Promethazine 6.25-15mg syrup 1 tsp q 6 hours #4: Upheld

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

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

Decision rationale: The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. Promethazine is recommended as a sedative and an antiemetic in preoperative and postoperative situations. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request is not medically necessary.