MAXIMUS Federal Services

Case Number:	CM14-0079133		
Date Assigned:	08/06/2014	Date of Injury:	06/13/2005
Decision Date:	09/10/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	05/29/2014

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 California. 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 41 year-old female who reported an injury on 06/13/2005, reportedly, when she was getting up off the couch, her left knee buckled. She suffered a dislocation there and fell onto the ground. The injured worker's treatment history included MRI, medications, psychotherapy treatment, MRI, and EMG/NCV. The injured worker was evaluated on 04/30/2014, and it was documented that the injured worker complained of neck pain radiating down bilateral arms, lower back ache, bilateral knee pain, bilateral leg pain, and right ankle pain. She described pain as sharp, aching, throbbing, pins and needles, electric and shooting. Pain level had increased since last visit, at 8-9/10 on the scale. The injured worker had been taking her medication as prescribed. The provider noted continued functional benefit with her pain meds, although decrease in her breakthrough medication, oxycodone IR 30 mg from 8 per day to 4 per day, has been difficult to manage her pain with and is needing more. Objective findings of the lumbar spine, on palpation, paravertebral muscle; tenderness was noted on both sides. Straight leg raising test was positive on both sides in supine position at degrees. Tenderness noted over the posterior iliac spine on both sides. Tenderness was noted in the paracervical muscles. Left knee, there was tenderness to palpation noted over the lateral joint line. There was mild effusion in the left knee joint. Medications include Norco 10/325 mg, Klonopin 0.5 mg, Neurontin 300 mg, Oxycodone HCL 30 mg, Ativan 0.5 mg, Omeprazole 20 mg, Cymbalta 60 mg, Atorvastatin 20 mg, and Diazepam 10 mg. The diagnoses included low back pain, cervical pain, fibromyalgia and myositis NOS, and chronic pain syndrome. On 02/06/2014, the injured worker had a urine screen that was positive for opioids. The request for authorization dated 04/30/2014 was for chiropractic manipulation treatments, Norco 10/325 mg, Oxycodone IR 30 mg, Neurontin 300 mg, Vicoprofen 200/7.5 mg, and Klonopin 0.5 mg. Rationale was for pain, depression, and upset

stomach/constipation from side effects. Within the notes provided, the provider noted the injured worker reported upset stomach/constipation for side effects for opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation; 8 Treatments plus re-evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: The MTUS guidelines may support up 18 visits of chiropractic sessions. Manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The documents submitted stated the injured worker prior physical therapy sessions however, functional improvement were not provided. There were no outcome measurements of pain medication management or home exercise regimen. In addition, the request failed to indicate location where chiropractic treatments are required for the injured worker. Given the above, the request for chiropractic manipulation treatments plus re-evaluation is not medically necessary.

Vicoprofen 200/7.5mg #118: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Ibuprofen Page(s): 92.

Decision rationale: The MTUS guidelines state that Hydrocodone/Ibuprofen is recommended for short-term use only; and generally for less than 10 days. The MTUS guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no outcome measurements indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the, quantity frequency or duration of medication. Given the above, the request for Vicoprofen 200/7.5mg # 118 is not medically necessary.

Norco 10/325mg #120 with 5 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 Page(s): 78.

Decision rationale: The MTUS guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no outcome measurements indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Norco 10/325 mg #120 with 5 refills is not medically necessary.

Oxycodone IR 30mg #118: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The MTUS guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no outcome measurements indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Oxycodone IR 30 mg #118 is not medically necessary.

Neurontin 300mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The MTUS guidelines state that Gabapentin is an anti-epilepsy drug AEDs; also referred to as anti-convulsants. It has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Diagnosis included lumbar radiculopathy. The documentation submitted failed to indicate long-term functional goals for the injured worker. In addition, the request did not include frequency of the medication. Given the above, the request for Gabapentin 300 mg # 60, with 5 refills is not medically necessary.

Klonopin 0.5mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Guidelines does not recommend Benzodiazepines for long-term use as the efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documents submitted for review lacked evidence of how long the injured worker has been using Benzodiazepines. Furthermore, the request lacked frequency and duration of the medication. In addition, there was lack of evidence providing outcome measurements for the injured worker to include, pain management, physical therapy, and a home exercise regimen. Given the above, the request for Klonopin 0.5 mg # 30 with 5 refills is not medically necessary.