

Case Number:	CM14-0088222		
Date Assigned:	08/06/2014	Date of Injury:	02/03/2002
Decision Date:	10/02/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/12/2014

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 injured worker is a 61-year-old male who was reportedly injured on February 3, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 2, 2013, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5 feet 11 inches, 200 pound individual who was normotensive. There were no neurological or physiological changes reported on the physical examination. It was noted that opioid type dependence continues. Diagnostic imaging studies were not reported. Previous treatment included multiple medications, physical therapy, and pain management interventions (radiofrequency lesioning). A request was made for multiple medications and was not certified in the pre-authorization process on May 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 10mg (DOS: 12/6/13, 01/03/14, 2/4/14, 3/20/14, and 4/29/14):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

Retrospective Oxycodone 15mg (DOS: 12/6/13, 01/03/14, 2/4/14, and 4/29/14): 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): 74, 78, 93.

Decision rationale: The California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. The progress notes indicate that this is a chronic, indefinite use. Furthermore, with the noted opioid dependence issue and alcoholism issues, it is clear that this medication is not clinically indicated. Additionally, the progress notes did not outline any functional improvement or reduction in symptomatology as required. Therefore, the medical necessity for this medication is not established.

Retrospective Naprelan 375mg (DOS: 2/4/14, and 3/20/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 66 and 73.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, this medication is recommended as an option for the treatment of osteoarthritis. However, there does not appear to be a diagnosis. Furthermore, based on the progress notes presented for review, there is no documentation of any efficacy or utility with preparation in terms of increased functionality or decreased symptomatology. Therefore, based on the progress notes and by the parameters outlined in the California Medical Treatment Utilization Schedule, this is not medically necessary.

Retrospective Trazodone 50mg (DOS: 12/6/13, 01/03/14, 2/4/14, 3/20/14, and 4/29/14):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines drug formulary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Practice Guidelines, Chronic Pain Section, Medications (Electronically Cited).

Decision rationale: As noted in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, this medication is not recommended for neuropathic pain. Given the history of lumbar surgery, and the ongoing complaints of pain, it appears that this is addressing a neuropathic lesion. As such, when noting the parameters outlined in the ACOEM and by the physical examination findings, which did not demonstrate any efficacy or utility, this is not medically necessary.

Cyclobenzaprine 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the injured worker's date of injury and clinical presentation, and noting there is no improvement in symptoms or increased functionality, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

Oxycodone 15mg: 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): 74, 78, 93.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. Therefore, the request is not medically necessary.

Naprelan 375mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66 and 73.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, this medication is recommended as an option for the treatment of osteoarthritis. However, there does not appear to be a diagnosis. Furthermore, based on the progress notes presented for review, there is no documentation of any efficacy or utility with preparation in terms of increased functionality or decreased symptomatology. Therefore, based on the progress notes and by the parameters outlined in the California Medical Treatment Utilization Schedule, this is not medically necessary.

Trazodone 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines drug formulary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Practice Guidelines, Chronic Pain Section, Medications (Electronically Cited).

Decision rationale: As noted in the ACOEM Practice Guidelines, this medication is not recommended for neuropathic pain. Given the history of lumbar surgery, and the ongoing complaints of pain, it appears that this is addressing a neuropathic lesion. As such, when noting the parameters outlined in the ACOEM and by the physical examination findings, which did not demonstrate any efficacy or utility, this is not medically necessary.

Spinal Cord Stimulator trial with Fluoroscopy and sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators. Decision based on Non-MTUS Citation Official Disability Guidelines - SCS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Spinal Cord Stimulators, Page(s): 38.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of a psychological evaluation prior to spinal cord stimulator implantation. The records do not indicate that appropriate psychiatric evaluation has been completed. As such, the requested evaluation is not considered medically necessary.

Medial Branch block with Fluoroscopy at L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Facet Joint Injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pulsed radiofrequency treatment (PRF) Page(s): 102.

Decision rationale: Treatment guidelines support lumbar medial branch blocks to aid in determining whether or not the claimant is a candidate for rhizotomy. The guideline criteria for support of this diagnostic intervention includes non-radicular pain (where no more than 2 levels are being injected bilaterally), and when objective evidence of pain is noted that is significantly exacerbated by extension and rotation or associated with lumbar rigidity; however, the pain is clearly radicular in nature, secondary to surgery. As such, these types of blocks are not clinically indicated. There is no medical necessity presented in the records reviewed.