

Case Number:	CM14-0089152		
Date Assigned:	07/23/2014	Date of Injury:	04/30/1998
Decision Date:	08/27/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/13/2014

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 & Rehabilitation, has a subspecialty in : Pain Medicine and is licensed to practice in Texas & 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 55-year-old female who reported injury on 04/30/1998. The diagnoses included chronic pain syndrome, cervical brachial syndrome, fibromyalgia, myofascial pain syndrome, and opiate dependence. The specific mechanism of injury was not provided. The documentation of 03/24/2014 revealed the injured worker had subjective complaints of pain in the head, neck, bilateral shoulders, thoracic spine, lumbar spine, bilateral buttocks, bilateral knees and feet. The documentation indicated the injured worker had been maintained for 14 to 15 years on morphine, OxyContin, Provigil, Zanaflex, Cymbalta, Lyrica, trazodone, and Protonix. The injured worker's physician retired and the injured worker ended up going to the hospital due the injured worker running out of medications and starting to detox. The injured worker was given 10 pills of morphine 100 mg to get her to her appointment as well as Cymbalta 60 mg 2 per day, Xanax 0.5 mg 2 per day, pantoprazole 1 daily and her Ventolin HFA 90 mcg as needed for shortness of breath. Surgeries were noncontributory. Other treatments were not provided. The treatment plan included trazodone 100 mg 3 per #90 per month, Cymbalta 60 mg 2 per day #60 per month, morphine sulfate SR 100 mg 2 per day #60 per month, Xanax 0.5 mg 2 daily #60 per month, pantoprazole 40 mg 1 every day #60 per month, and Neurontin 300 mg 1 by mouth 3 times a day #90. Additional treatment included psychological evaluation and 4 sessions of cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medications for Chronic pain, ongoing management, opioid dosing Page(s): 60,78,86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain as well as documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been treated chronically with opiates for at least 14 years. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was no documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for MS-Contin 60 mg #90 is not medically necessary.

Protonix 40mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - TREATMENT WORKERS COMPENSATION PAIN PROCEDURE SUMMARY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 14 years. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Protonix 40 mg #60 is not medically necessary.

XANAX .5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 14 years. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the

requested medication. Given the above, the request for Protonix 40 mg #60 is not medically necessary Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as treatments for injured workers with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The specific duration of use could not be established, however, it was noted the medication was for refill. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Xanax 0.5 mg #60 is not medically necessary.