MAXIMUS Federal Services

Case Number:	CM14-0090532		
Date Assigned:	07/25/2014	Date of Injury:	11/17/1993
Decision Date:	09/08/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 64-year-old female who sustained an injury on November 17, 1993. She is diagnosed with back pain, degenerative disc disease, myofascial pain, lumbar degenerative disc disease, sciatica, arthritis of the back, bilateral shoulder pain, chronic wrist pain, and suspected somatization disorder with many complaints not directly related to original injury. She was seen on June 5, 2014 with complaints of low back, left thumb, wrist, and shoulder pain. The injured worker's back pain was described as aching, burning, cramping, spasmodic, electrical, and severe when walking. Exacerbating factors included squatting, standing, and walking. Relieving factors consisted of medications and rest. Examination of the bilateral shoulders revealed tenderness over the area. Range of motion was limited. Examination of the lumbar spine revealed tenderness and limited range of motion. Straight leg raising test was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-sedating muscle relaxants. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG).

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

Decision rationale: It has been determined from the medical records that baclofen was prescribed for treatment of flexor spasms, concomitant pain, clonus, and muscular rigidity. However, objective findings failed to demonstrate presence of spasticity. According to the California Medical Treatment Utilization Schedule, baclofen is recommended as a second-line option for short-term treatment of acute exacerbations for those with chronic low back pain. There was no mention in the medical records that there was failure of trial of first-line therapy. More so, it has been determined from the medical records that the injured worker has been taking this medication on a long-term basis as this has been provided since June 20, 2013. Therefore, Baclofen 10 mg #90 is not medically necessary.

Diazepam 5mg #30 with 1 refill: 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) (Pain Chapter, Anxiety medications in chronic pain).

Decision rationale: Medical records stated that diazepam was dispensed for management of mild to severe anxiety. The Official Disability Guidelines stipulated that benzodiazepines like diazepam are not recommended for long term-use unless she is being seen by a psychiatrist. The injured worker has been taking this medication since June 20, 2013. There was no mention that she is also under the care of a psychiatrist to warrant long-term use of diazepam. Therefore, the request is not medically necessary.

Hydroxyzine 10mg #60 with 1 refill: 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) Pain Chapter, Anxiety medications in chronic pain.

Decision rationale: Per the Official Disability Guideline. It was not clear from the medical records why this medication was prescribed. More so, there was no mention of functional benefit derived by the injured worker from this medication. Therefore, the request is not medically necessary.

Oxycodone 15mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule for Opioids, criteria for use Page(s): 77.

Decision rationale: From the medical records reviewed, there was no indication of any contraindications for use of first-line medications for pain or whether the injured worker failed a trial of non-opioid analgesics. Therefore, the request is not medically necessary.

Trazodone 100mg #60: 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) Pain Chapter, Insomnia treatment.

Decision rationale: As per medical records of the injured worker, trazodone was prescribed for depression. However, the injured is not diagnosed with depression. It has been determined as well that apart from ativan and Lunesta, she is also taking trazodone to help her sleep and stay asleep. Placing the injured worker on multiple medications that induce sleep may place her at risk considering her age. The Official Disability Guideline also stated that there is less evidence to establish the use of trazodone for insomnia. With these, the request for trazodone 100 mg #15 is not medically necessary.