

Case Number:	CM14-0091487		
Date Assigned:	09/12/2014	Date of Injury:	12/17/2003
Decision Date:	11/10/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/17/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 an injury on 12/17/2003 of unspecified mechanism. She was diagnosed with chronic low back pain-degenerative lumbar spondylosis, chronic low back pain-myofascial pain syndrome, pain disorder with psychological/general medical condition, and insomnia-persistent due to chronic pain. On May 13, 2014, a drug screen was collected; oxycodone and marijuana were found. Her pain limited her physical activities. On May 13, 2014, she had a level of pain rated 8-9/10. Her medications included Percocet, Baclofen 20mg, Prozac 20 mg, Celebrex 100mg, Gabapentin, Dexilant DR 30mg, Sumatriptan 100 mg, and Lomotil. The treatment plan included continuation of the analgesic medications to "optimize analgesic medication regimen to achieve maximal pain relief with the highest level of physical function." The Request for Authorization was not submitted in the documents provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/ongoing management Page(s): 78.

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

Decision rationale: The California MTUS Guidelines recommend four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The clinical documentation failed to show proper pain scales and increased functional abilities as a result of utilizing the medication. Moreover, there was a lack of screening nonadherent and aberrant behavior as evidenced through urine drug screening and interviews during clinical visits. The duration of use could not be established through supplied documentation. As such, the request for Percocet 10/325mg #120 is not medically necessary.

Baclofen 20mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64..

Decision rationale: According to the California MTUS guidelines, muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs. Their effectiveness diminishes over time and long-term use can lead to dependence. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. There is no evidence that this injured worker has spasticity or multiple sclerosis. The clinical documentation failed to show proper pain scales and increased functional abilities as a result of utilizing the medication. The guidelines recommend a short course of therapy and the documentation failed to show why the patient should use the medication for long term. Additionally, there was no frequency specified. For these reasons, the request for Baclofen 20mg #180 is not medically necessary.

Prozac 20mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16..

Decision rationale: According to the California MTUS guidelines, tricyclic antidepressants are generally considered a first-line agent for pain unless they are ineffective, poorly tolerated, or contraindicated. An assessment should include effectiveness of pain, function, sleep quality and duration, psychological assessment, and changes in use of other pain medications. SSRIs, which include Prozac, were determined to be slightly more effective than a placebo. Insomnia was one of the injured worker's diagnoses. The quality and duration of her sleep was not documented. A

psychological assessment was not recorded. As such, the request for Prozac 20mg #270 is not medically necessary.

Celebrex 100mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73..

Decision rationale: The California MTUS guidelines, recommends NSAIDS at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. Celebrex is used to treat the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. There is no evidence that this injured worker has any of the above diagnoses. The request failed to specify the frequency. Therefore, this request for Celebrex 100mg #180 is not medically necessary.

Gabapentin 600mg #540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic medications Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) and Gabapentin (Neurontin) Page(s): 16-22; 49.

Decision rationale: According to the California MTUS guidelines antiepilepsy drugs are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. Gabapentin has also been recommended for complex regional pain syndrome. A good response is a 50% decrease in pain and a moderate response is a 30% decrease. There was no objective data regarding her decreased pain or increased functional abilities with gabapentin. Therefore, this request for Gabapentin 600mg #540 is not medically necessary.

Dexilant DR 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory and Gastrointestinal symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the California MTUS guidelines, proton pump inhibitors, which include Dexilant, may be recommended with the use of NSAIDs due to their possible GI side effects. However, this injured worker was not noted to have a history of GI complications

and no adverse side effects to the medications were noted. The information provided is not supported by the guidelines. Therefore, the request for Dexilant DR 30mg #90 is not medically necessary.