

Case Number:	CM14-0113035		
Date Assigned:	08/01/2014	Date of Injury:	07/16/2010
Decision Date:	02/28/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 male with a date of injury July 16, 2014. Results of the injury include cervical and lumbar spine. Diagnosis include cervical myoligamentous injury with bilateral upper extremity radicular symptoms, cervical cord myelopathy with central cord syndrome, s/p anterior cervical fusion at C2-C3, C3-C4, C4-5, C5-6 and C6-7, bilateral knee internal derangement, status post right knee arthroscopic surgery, status post left knee arthroplasty, status post L5-S1 fusion, Lumbar spine post laminectomy syndrome with bilateral lower extremity radiculopathy, gastrointestinal distress with nausea and vomiting medication induced gastritis, atopic dermatitis/pruritus secondary to chronic opiate use, continuous cervicogenic headaches with migranous component. Treatment has included surgery, physical therapy, medications, and epidural steroid injection with 50% relief. Magnetic Resonance Imaging (MRI) scan of the lumbar spine dated January 10, 2013 revealed an interbody fusion at L4-5 and L5-S1 which is solid. At L3-4 there is mild degenerative disc dehiscence and a 5 mm disc protrusion with a small annular tear. At L2-3 there is a 3.5 mm disc bulge. Cervical spine MRI dated January 10, 2013 revealed status post fixation and multiple metallic screws causing artifact at C3, C4, C5, C6, and C7. EMG study of the upper and lower extremity dated October 23, 2012 showed severe chronic denervation diffusely in the muscle supplied by C5, C6, C7, C8, and T1 as well as moderate to severe left L5 radiculopathy. There is also evidence of a mild bilateral carpal tunnel syndrome. Progress report dated June 19, 2014 showed tenderness to palpation of the cervical musculature with muscle rigidity. There was decreased range of motion noted with muscle guarding. Examination of the lumbar spine showed tenderness to palpation

with decreased range of motion and muscle guarding. The treatment included medications and Botulinum. Utilization review form dated July 10, 2014 non certified Norco 10/325 mg #60, anaprox DS 550 mg # 60, Prilosec 20mg # 60, Lido Pro 121 mg, Nuvigil 250 mg # 30, Xanax 0.5 mg , prozac 20 mg #60, and botox injection 300 units due to noncompliance with MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco10/325MG #60: 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): 79.

Decision rationale: Norco 10/325mg, #60 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

Anaprox DS 550MG #60: 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): 67.

Decision rationale: Anaprox DS 550 mg #60 is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on Anaprox. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.

Prilosec 20MG #60: 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): 67.

Decision rationale: Prilosec 20mg # 60 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen; therefore, the requested medication is not medically necessary.

Lido Pro 121MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Lido Pro 121 mg is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended. Additionally, Per CA MTUS page 111 states that topical analgesics are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the requested medication is not medically necessary.

Nuvigil 250MG #30: 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 Physician Desk Reference

Decision rationale: Nuvigil 250mg #30 is not medically necessary. The current Physician Desk Reference does not recommend the use of Nuvigil as treatment for opioid induced somnolence. Nuvigil is indicated for narcolepsy, shift work sleep disorder, or restless leg syndrome. The claimant's medical records do not document these medical conditions; therefore, the requested medication is not medically necessary.

Xanax0.5MG: Upheld

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

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

Decision rationale: Xanax 0.5mg is not medically necessary for long term use but given this medication is a benzodiazepine, it is appropriate to set a weaning protocol to avoid adverse and even fatal effects. Ca MTUS page 24 states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. They're ranging actions include sedative/have not it, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines for the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety; therefore the requested medication is not medically necessary.

Prozac 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13.

Decision rationale: Prozac 20 mg #60 is not medically necessary. Ca MTUS page 13 states that antidepressants are recommended as first-line option for neuropathic pain, as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they're ineffective, poorly tolerated, or contraindicated. Prozac is a selective serotonin reuptake inhibitor. Per Ca MTUS SSRIs is a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline and are controversial based on controlled trials. It is been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. The medical records do not appropriately address whether the claimant has depression associated with chronic pain through psychological evaluation. Additionally there was no documentation that the enrollee failed Tricyclics which is recommended by Ca MTUS as first line therapy.

Botox Injections 300 UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines criteria for Botulinum toxin

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox Injections Page(s): 26.

Decision rationale: Botox injection 300 unit is not medically necessary. Per CA MTUS page 26, Botox is recommended for the treatment of cervical dystonia and/or chronic low back pain in conjunction with a functional restoration program. The medical records lack documentation of a clear indication for Botox injection. Additionally, the request is without pairing of a functional restoration program; therefore, the requested service is not medically necessary.