

Case Number:	CM14-0181499		
Date Assigned:	12/12/2014	Date of Injury:	11/01/1999
Decision Date:	01/15/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/31/2014

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 patient is a 47 year old female with date of injury 11/1/99. The treating physician report dated 10/02/14 (page 27) indicates that the patient presents with pain affecting the neck and lower back. The physical examination findings reveal that the patient has some stiffness and no guarding when transferring to/from a chair. There is no antalgic gait, functional ROM and strength of all extremities, equal sensation to light touch, 80 degrees flexion and 5 extension of back, tenderness to palpation along spinous processes from cervical to lumbar region with increase on right side thoracic region, and tender in 12/16 fibro trigger points. Prior treatment history includes prescriptions of Norco, Xanax, Soma, Methadone, and Lyrica. The current diagnoses are: 1. Lumbago, 2. Cervicalgia, 3. Unspecified Myalgia and Myositis. The utilization review report dated 10/17/14 denied the request for Xanax, Norco, Wellbutrin, Lyrica and Soma based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for soma 350mg #90 between 10/2/2014 and 12/21/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The patient presents with neck and low back pain. The current request is for soma 350mg #90 between 10/2/2014 and 12/21/2014. The treating physician has indicated that the current request is to assist the patient with spasms due to pain. The MTUS guidelines are very clear regarding Soma which states "Not recommended. This medication is not indicated for long-term use." In this case, the patient has been prescribed Soma for approximately 9 months according to the treating physicians report dated 04/10/14 (pg 49/50). The treating physician report reviewed does indicate a diagnosis of muscle spasms and the MTUS guidelines do not recommend the usage of Soma. Therefore this request is not medically necessary.

1 Prescription for xanax 0.5mg # 37 between 10/2/2014 and 12/21/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient presents with neck and lower back pain. The current request is for Xanax 0.5mg # 37 between 10/2/2014 and 12/21/2014. The treating physician indicates that the current request is to assist the patient with anxiety due to pain. The MTUS guidelines (pg 24) state, "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." In this case the patient has been prescribed Xanax since the report date 04/10/14 (49) with increases in July 2014. The treating physician provides no documentation of the patient's response to the ongoing usage of Xanax as MTUS requires on page 8 and there is nothing in the reports reviewed to indicate why the patient requires ongoing usage of Xanax beyond the recommended 4 weeks. Recommendation is for denial.

1 Prescription for norco 5/325mg # 15 between 10/2/2014 and 12/21/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: The patient presents with neck and lower back pain. The current request is for Norco 5/325mg # 15 between 10/2/2014 and 12/21/2014. The treating physician indicates that the current request is to assist the patient with pain control. The MTUS guidelines states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's(analgesia, ADL's,

Adverse effects and Adverse behavior). In this case, the patient reports in the 10/02/14 report that their pain without medications is 9/10 with limited function and 4-5/10 with medications. There is no documentation to specify which medication, or a combination of medications alleviates the pain and improved daily function. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. The treating physician has failed to provide any clinical information as to the benefits of previous Norco usage as required by MTUS. Recommendation is for denial and slow weaning per MTUS.

1 Prescription for methadone 10mg #23 between 10/2/2014 and 12/21/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with neck and lower back pain. The current request is for methadone 10mg #23 between 10/2/2014 and 12/21/2014. The treating physician indicates that the current request is for ATC pain. The MTUS guidelines state, "recommends Methadone for the treatment of moderate to severe pain." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS on page 78 also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this case the treating physician has failed to document any functional improvement with the prescribed medication and there is no discussion of adverse effects or adverse behaviors as required by MTUS. Recommendation is for denial and slow weaning per MTUS.

1 Prescription for wellbutrin 150mg # 8 between 10/2/2014 and 12/21/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) MTUS, page 13-14, Antidepressants for chronic pain Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, insomnia treatment

Decision rationale: The patient presents with neck and lower back pain. The current request is for Wellbutrin 150mg # 8 between 10/2/2014 and 12/21/2014. In a report dated 7/31/14, the

treating physician indicates that the patient is taking Wellbutrin to assist with insomnia. The MTUS guidelines recommend Wellbutrin for neuropathic pain, diabetic neuropathy and possibly for non-neuropathic pain with sedation effects noted. In this case the treating physician does not indicate that Wellbutrin has provided any functional relief or pain reduction. MTUS page 60 requires documentation of pain and function for the treatment of chronic pain with medication usage. ODG does not recommend Wellbutrin for treatment of insomnia. ODG lists insomnia as one of the side effects of Wellbutrin which places a greater burden of proof to demonstrate medical necessity. Recommendation is for denial.

1 Prescription for lyrica 75mg # 60 between 10/2/2014 and 12/21/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); MTUS,SPECIFIC ANTI-EPILEPSY DRUGS; Pregabalin (Lyrica) Page(.

Decision rationale: The patient presents with neck and lower back pain. The current request is for lyrica 75mg # 60 between 10/2/2014 and 12/21/2014. The treating physician indicates that the current request is to help with nerves. The ODG guidelines state, "Recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain." In this case the patient stated that this medication was most helpful for nerve pain. The treating physician also documents 12/16 fibromyalgia points. Recommendation is for authorization.