MAXIMUS Federal Services

Case Number:	CM14-0188437		
Date Assigned:	11/19/2014	Date of Injury:	11/10/2001
Decision Date:	01/07/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 62-year-old male who has submitted a claim for cervical degenerative disc disease, cervical radiculopathy, failed low back syndrome, lumbar degenerative disc disease and bilateral shoulder pain associated with an industrial injury date of 11/10/2001.Medical records from 2013 to 2014 were reviewed. The patient complained of left shoulder pain and constant aching and cramping of neck accompanied by popping / grinding sensation. He likewise complained of low back pain associated with bilateral lower extremity pain and numbness. The pain was rated 10/10 in severity and relieved to 2-3/10 with medications. Intake of medications also allowed him to perform yard work and household chores with ease. He likewise had mild depression and anxiety. Physical examination showed tenderness and spasm over the paracervical and paralumbar muscles, limited motion of the lumbar and cervical spine, negative Spurling's test, negative straight leg raise test and normal gait.Treatment to date has included two lumbar discectomies and lumbar fusion, bilateral shoulder surgery, bilateral knee arthroscopy, Orthovisc injections to both knees, physical therapy, Norco (since 2013), Robaxin (since 2013), Paxil (since 2013), Lunesta, ibuprofen and benazepril.The utilization review from 10/31/2014 denied Paxil 40mg, #30 because of no ongoing symptoms of depression. The request for Norco 10/325 mg, #80 was modified into #60 and denied Robaxin 750mg, #120 without documented reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #80: Overturned

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): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on opioids since 2013. He complained of low back pain associated with bilateral lower extremity pain and numbness. The pain was rated 10/10 in severity and relieved to 2-3/10 with medications. Intake of medications also allowed him to perform yard work and household chores with ease. The medical necessity for continuing opioid management has been established. Therefore, the request for Norco 10/325 mg #80 is medically necessary.

Robaxin 750 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

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

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Robaxin since 2013. He reported pain relief and ability to perform yard work and household chores with medication use. The recent examination also showed evidence of ongoing paralumbar and paracervical muscle spasm. However, long-term use of muscle relaxant is not guideline recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Robaxin 750 mg #120 is not medically necessary.

Paxil 40mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin reuptake inhibitors (SSRIs) Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: As noted on page 16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline that are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. According to ODG, antidepressants are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. In this case, the patient presented with mild depression and anxiety symptoms. He was prescribed Paxil since 2013. However, there is no documentation concerning functional improvement derived from its use. The medical necessity is not established due to insufficient information. Therefore, the request for Paxil 40mg, #30 is not medically necessary.