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| Case Number: | CM14-0194974 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 11/02/1994 |
| Decision Date: | 01/27/2015 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 11/20/2014 |

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 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 (IW) is a 56-year-old woman with a date of injury of November 2, 1994. The mechanism of injury was not documented in the medical record. The current working diagnoses include cervical post-laminectomy syndrome, and psychalgia. Pursuant to a progress note dated October 14, 2014, the IW complains of bilateral neck pain that radiated to both shoulders. The pain is constant, but varies in intensity. The IW denies upper extremity weakness and lower extremity weakness. The IW reports numbness and tingling in the bilateral upper extremities. Physical examination reveals cranial nerves II-XII grossly intact. Reflexes: Deep tendon reflexes of the upper extremities are 2+. Sensation to light touch and pinprick are intact throughout. Palpation of the cervical spine reveals tenderness over the paraspinal muscles overlying the facet on the left side. The provider documents that the IW has been having increased neuropathic symptoms to the left hand; possibly cervical radiculopathy and/or thoracic outlet syndrome. Pain management will be continued with the use of current medications, which will be refilled. Current medications include Tylenol #3, Trazadone, Clonazepam, and Norco 10/325mg. The earliest progress note in the medical record dated April 25, 2014, indicates that the IW was taking Norco 10/325mg, Clonazepam 0.5mg Tylenol #3, and Trazadone 50mg. On date of service October 14, 2014, the IW was given three (3) prescription of Norco were given; one for each of the next three months. The provider had a discussion with the IW about switching controlled substance medication from level III to level II. A urine drug screen dated October 22, 2014 revealed inconsistent result with the prescribed medications. An opioid contract was resigned 10/14/14. The provider is requesting authorization for Tylenol -Codeine #3 #60 + 2 refills, Trazadone 60mg #90 + 2 refills, Clonazepam 0.5mg #60 + 2 refills, Norco 10/325mg #30, Norco 10/325mg #30 fill date 11/11/14, and Norco 10/325mg #30 fill date 12/9/14. Of note, Trazadone does not come in a 60mg tablet. It is supplied as 50mg, 100mg, and 150mg tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol-Codeine #3 300/30mg #60 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the official disability guidelines, Tylenol with Codeine #3 300/30 mg #60 2 refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed pain and function. In this case, the injured workers working diagnoses are cervical post laminectomy syndrome; psychalgia. The injured worker had complaints of chronic neck, left shoulder, right elbow and thoracic outlet syndrome pain, status post anterior cervical discectomy and fusion at C5 - C6 and C6 - C7. The documentation indicates the treating physician was instructed to provide medication compliance guideline adherence that included documentation of current urine drug testing, risk assessment profile, attempted weaning/tapering, and an updated and signed pain contract between the provider and claimant an ongoing efficacy (objective and subjective functional improvement documentation). A review of the medical record indicates Tylenol #3 was refilled on April 25 of 2014. The exact start date is unclear. The documentation did not contain evidence of objective functional improvement. A urine drug screen was performed on October 22, 2014 that was inconsistent with the medicines being taken. The medication hydrocodone was not present in the urine drug screen. The treating physician was instructed to taper and/or initiate drug titration downward. However, the treating physician is requesting Tylenol with Codeine #3, 60 tablets with two refills. Consequently, absent the appropriate clinical documentation with objective functional improvement and a tapering protocol, Tylenol with Codeine #3 300/30 mg #60 with two refills is not medically necessary.

Trazodone 60mg #90 x 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Anti-Depressants

Decision rationale: Pursuant to the Official Disability Guidelines, Trazodone 60 mg #90 with two refills is not medically necessary. Trazodone is an antidepressant with a side effect of sedation. See the ODG for details. In this case, Trazodone was noted in an April 25, 2014 progress note. The medical documentation, however, does not provide any clinical indications (sleeping difficulties or insomnia) rationale for its use. The prescription indicates it is to be taken for sleep. Additionally, there is no objective functional improvement documented in the medical record from its continued use. Also, Trazodone does not come in a 60mg tablet. It comes in 50mg, 100mg and 150mg. Consequently, absent the appropriate clinical documentation in the medical record and the correct dosing, Trazodone 60 mg #90 with two refills is not medically necessary.

Clonazepam 0.5mg #60 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Clonazepam 0.5 g #60 2 refills is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepine is the treatment of choice in very new conditions. A review of the medical record indicates Clonazepam has been used by the injured worker as early as April 25, 2014. The documentation is unclear as to the exact start date of Clonazepam. The documentation does not contain evidence of objective functional improvement and consequently, its continued use is not supported. Additionally, the guidelines indicate Clonazepam's use is not to exceed two weeks. The treating physician is clearly exceeded the recommended guidelines. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Clonazepam 0.5 mg #60 with two refills is not medically necessary.

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325#30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed assessment should accompany chronic

opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed pain and function. In this case, the injured workers working diagnoses are cervical post laminectomy syndrome; psychalgia (?). The injured worker had complaints of chronic neck, left shoulder, right elbow and thoracic outlet syndrome pain, status post anterior cervical discectomy and fusion at C5 - C6 and C6 - C7. The documentation indicates the treating physician was instructed to provide medication compliance guideline adherence that included documentation of current urine drug testing, risk assessment profile, attempted weaning/tapering, and an updated and signed pain contract between the provider and claimant an ongoing efficacy (objective and subjective functional improvement documentation). A review of the medical record indicates, Norco 10/325mg was refilled on April 25 of 2014. The exact start date is unclear. The documentation did not contain evidence of objective functional improvement. A urine drug screen was performed on October 22, 2014 that was inconsistent with the medicines being taken. The medication hydrocodone was not present in the urine drug screen. Further review of the medical record indicates that on the October 2014 visits to additional prescriptions for Norco given to the patient to refill on the appropriate date. One prescription was dated November 11, 2014 and the second prescription was dated December 9, 2014. Additionally, an entry into the therapeutic plan of the October 2014 progress note indicates the treating physician discussed changing the opiates from level III to a level II. Consequently, absent the appropriate clinical documentation and tapering protocol, Norco 10/325 #30 is not medically necessary.

Norco 10/325mg #30, DOS: 11/11/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325#30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed pain and function. In this case, the injured workers working diagnoses are cervical post laminectomy syndrome; psychalgia (?). The injured worker had complaints of chronic neck, left shoulder, right elbow and thoracic outlet syndrome pain, status post anterior cervical discectomy and fusion at C5 - C6 and C6 - C7. The documentation indicates the treating physician was instructed to provide medication compliance guideline adherence that included documentation of current urine drug testing, risk assessment profile, attempted weaning/tapering, and an updated and signed pain contract between the provider and claimant an ongoing efficacy (objective and subjective functional improvement documentation). A review of the medical record indicates, Norco 10/325mg was refilled on April 25 of 2014. The exact start date is unclear. The documentation did not contain evidence of objective functional improvement. A

urine drug screen was performed on October 22, 2014 that was inconsistent with the medicines being taken. The medication hydrocodone was not present in the urine drug screen. Further review of the medical record indicates that on the October 2014 visits to additional prescriptions for Norco given to the patient to refill on the appropriate date. One prescription was dated November 11, 2014 and the second prescription was dated December 9, 2014. Additionally, an entry into the therapeutic plan of the October 2014 progress note indicates the treating physician discussed changing the opiates from level III to a level II. Consequently, absent the appropriate clinical documentation and tapering protocol, Norco 10/325 #30 is not medically necessary.

Norco 10/325mg #30 DOS: 12/9/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325#30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed pain and function. In this case, the injured workers working diagnoses are cervical post laminectomy syndrome; psychalgia (?). The injured worker had complaints of chronic neck, left shoulder, right elbow and thoracic outlet syndrome pain, status post anterior cervical discectomy and fusion at C5 - C6 and C6 - C7. The documentation indicates the treating physician was instructed to provide medication compliance guideline adherence that included documentation of current urine drug testing, risk assessment profile, attempted weaning/tapering, and an updated and signed pain contract between the provider and claimant an ongoing efficacy (objective and subjective functional improvement documentation). A review of the medical record indicates, Norco 10/325mg was refilled on April 25 of 2014. The exact start date is unclear. The documentation did not contain evidence of objective functional improvement. A urine drug screen was performed on October 22, 2014 that was inconsistent with the medicines being taken. The medication hydrocodone was not present in the urine drug screen. Further review of the medical record indicates that on the October 2014 visits to additional prescriptions for Norco given to the patient to refill on the appropriate date. One prescription was dated November 11, 2014 and the second prescription was dated December 9, 2014. Additionally, an entry into the therapeutic plan of the October 2014 progress note indicates the treating physician discussed changing the opiates from level III to a level II. Consequently, absent the appropriate clinical documentation and tapering protocol, Norco 10/325 #30 is not medically necessary.