

Case Number:	CM14-0204324		
Date Assigned:	12/16/2014	Date of Injury:	04/16/1997
Decision Date:	05/15/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old female who reported injury on 04/16/1997. The mechanism of injury was not provided. The injured worker had a spinal cord stimulator implant. The injured worker had surgical intervention to the lumbar spine. The injured worker was noted to be utilizing opiates for multiple years. The documentation of 01/19/2015 revealed the injured worker had continuing pain in her low back radiating down to the bilateral lower extremities. The diagnoses included lumbar postlaminectomy syndrome. The injured worker had a revision of the spinal cord stimulator on 01/16/2014. The documentation indicated the injured worker was utilizing multiple medications. The injured worker had utilized OxyContin in the prior 2 months; however, it was noted OxyContin did not work as well as Dilaudid. The physician documented the injured worker received much better pain relief and functional ability throughout the day when she utilized Dilaudid 4 mg 4 to 6 tablets per day combined with Demerol 50 mg twice a day as needed depending on the pain levels. Without the medications, the injured worker was unable to function effectively to perform activities of daily living. The injured worker as utilizing Flexeril at night for muscle spasms and the injured worker required Prilosec for medication induced gastritis. The injured worker had difficulty with sleep and required Restoril and the physician documented that the injured worker would not have the Restoril combined with trazodone to get better sleep. The injured worker was utilizing Celexa which was noted to help with stress and anxiety. The examination of the lumbar spine revealed tenderness to palpation of the posterior musculature bilaterally and increased muscle rigidity. The injured worker had decreased range of motion. The diagnoses included lumbar postlaminectomy

syndrome, bilateral lower extremity radiculopathy, right greater than left, and medication induced gastritis. The treatment plan included a continuation of the medications with 2 months' worth of medications. The documentation indicated that even though the injured worker did not take NSAIDs, the injured worker had significant internal medicine issues and required a proton pump blocker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The documentation indicated the injured worker required Restoril. However, the efficacy was not provided. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the request as submitted failed to indicate the frequency and the quantity of the medication being requested. Given the above, the request for Restoril 30 mg is not medically necessary.

Ultram ER 150 mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain ongoing management Page(s): 60,78.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional benefit and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ultram ER 150 mg #60 is not medically necessary.

Dilaudid 4 mg # 180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain.ongoing management Page(s): 60,78.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional benefit and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Dilaudid 4 mg #180 is not medically necessary.

Celexa 20 mg 40 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety or depression. There should be documentation of objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality, duration and psychological assessments. The clinical documentation submitted for review indicated the injured worker received benefit from the medication. However, there was a lack of documentation indicating how the Celexa had worked as the documentation indicated it had worked “well”. The request as submitted failed to indicate the frequency for the requested medication and the quantity of medication being requested. Given the above, the request for Celexa 20 mg 40 mg is not medically necessary.