

Case Number:	CM14-0208422		
Date Assigned:	01/16/2015	Date of Injury:	04/21/2008
Decision Date:	03/04/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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: Texas, Florida
 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 patient is a 40 year old male who was injured on 4/21/2008. The diagnoses are headache, panic disorder, anxiety, major depression, lumbar strain and chronic pain syndrome. On 1/13/2015, [REDACTED] noted subjective complaint of low back pain. The utilization of the medications was reported to reduce the pain by 50% and improve sleep. The significant objective finding was guarding and muscle spasm of the lumbar paraspinal area and positive straight le raising test on the left. The reflexes, motor and sensory tests was reported as normal. The patient is also under the care of Psychologist - [REDACTED] for mental health related disorders. The recommendation for surgical treatment of the low back pain by [REDACTED] was noted not to be actively being considered by the patient. The 11/19/2014 UDS was reported to be negative for prescribed opioids. The records showed that Norflex was discontinued on 11/19/2014 when the patient was started on Flexeril. Tramadol was added to the regimen. On 12/16/2014, it was noted that the patient wanted to discontinue the use of Tramadol. The patient was noted to receiving opioid prescriptions from non Work Comp sources. The medications listed are gabapentin, Flexeril, hydrocodone, Mirtazapine, Quetiapine-Seroquel, pantoprazole, Naratriptan, topical Ketamine cream and other topical medications. A Utilization Review determination was rendered on 11/24/2014 recommending non certification for Hydrocodone/APAP 10/325mg #90, DOS 10/23/2014, Naratriptan 1mg #10, Orphenadrine-Norflex ER 100mg #90, Tramadol /APAP 37.5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Hydrocodonebit/Apap 10-325mg #30 x 90 (DOS: 10/23/14):

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96,124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation, rebound headache and adverse interaction with other sedatives. These complications are significantly increased in patients on treatment for co-existing psychiatric disorders. The records did not indicate objective findings that are consistent with exacerbation of severe musculoskeletal pain. The documentation showed limited physical findings. The UDS was inconsistent with prescribed opioids. The patient was utilizing multiple opioids, sedatives and psychiatric medications. The patient indicated obtaining pain medications from other non Work Comp provider with regular insurance. The guidelines recommend documentation of strict compliance during chronic opioid treatment. The criteria for the use of Hydrocodone/APAP 10/325mg #90 DOS 10/23/2014 was not met. The guidelines recommend that a standard safe weaning protocol be utilized in chronic pain patient on chronic opioid treatment.

Naratriptan 1mg tab x 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Headache

Decision rationale: The CA MTUS and the ODG guidelines recommend that Triptans can be utilized for the short term abortive treatment of migraine headache when first line preventative and treatment measures have failed. The chronic use of Triptans and analgesic medications is associated with increased frequency of medication tolerance, addiction, adverse drug interactions and rebound headache. The records did not show a documentation of the clinical presentation, frequency and effect of treatment for the headache. The patient is utilizing multiple analgesic, psychiatric and muscle relaxant medications. There is no documentation of failure of preventative treatment. The criteria for the use of Naratriptan 1mg #10 was not met.

Orphenadrine-Norflex ER 100mg x 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Muscle Relaxants

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of dependency, tolerance, sedation and adverse interaction with opioids and other sedatives. The utilization of multiple muscle relaxants is associated with increased incidence of adverse effects. The records indicate that Norflex was discontinued on 11/19/2014 when the patient was started on Flexeril. The criteria for the use of Orphenadrine - Norflex ER 100mg #90 was not met.

Tramadol/Apap 37.5/325mg x 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation, rebound headache and adverse interaction with other sedatives. These complications are significantly increased in patients on treatment for co-existing psychiatric disorders. The records did not indicate objective findings that are consistent with exacerbation of severe musculoskeletal pain. The documentation showed limited physical findings. The UDS was inconsistent with prescribed opioids. The patient was utilizing multiple opioids, sedatives and psychiatric medications. The patient indicated obtaining pain medications from other non [REDACTED] provider with regular insurance. The records indicate that Tramadol was discontinued on 12/16/2014. The criteria for the use of Tramadol /APAP 37.5/325mg #60 was not met.