

Case Number:	CM14-0072566		
Date Assigned:	07/16/2014	Date of Injury:	01/22/2013
Decision Date:	07/01/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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: Florida

Certification(s)/Specialty: Neurology, 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 injured worker is 51 year old male, who sustained an industrial injury on January 22, 2013. The injured worker has been treated for neck and back complaints. The diagnoses have included cervicgia, myofascial pain syndrome/myalgia, lumbago, anxiety and depression. Treatment to date has included medications, radiological studies and epidural steroid injections. Current documentation dated April 25, 2014 notes that the injured worker was not doing well due to being out of his medications, which help decrease his pain and increase his functional ability. The injured worker reported a constant achy back pain. Physical examination of the neck revealed a decreased range of motion. Upper extremity examination revealed tenderness at the subacromial space and pain with resisted abduction bilaterally. Examination of the low back showed tenderness, myalgias, muscle weakness, stiffness, joint complaint and arthralgia. The treating physician's plan of care included a request for the medications Effexor, Oxycontin, Soma and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 75mg, #50 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor (venlafaxine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant therapy Page(s): 122.

Decision rationale: MTUS supports the use of antidepressant such as effexor for treatment of depression. The medical records provided for review do not indicate a condition of depression. As such, effexor is not supported as medically necessary.

Oxycontin 60mg, #90 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 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. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such, chronic opioids are not medically necessary.

Soma 350mg, #300 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

Decision rationale: MTUS guidelines do not support long-term use of Soma. The medical records provided for review do not indicate or document the degree of functional benefit in support of continued utilization. There is no indication of treatment failure with other standard therapy muscle relaxants or indication in regard to the insured to support mitigating reason soma should be used in the insured. Therefore, the request is not medically necessary.

Valium 10mg, #180 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, benzodiazepins.

Decision rationale: The medical records provided for review do not indicate a condition for long-term management with valium. There is no indication of anxiety state. ODG supports that valium is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Therefore, the request is not medically necessary.