

Case Number:	CM14-0089827		
Date Assigned:	07/23/2014	Date of Injury:	09/24/2007
Decision Date:	01/26/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/13/2014

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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in Florida. 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 an adult female with a date of injury of 9/24/2007. She has the following diagnoses: status post back surgery on Sept 17th 2013, radiculopathy of the right leg, history of depression, status post spinal cord stimulator, post-laminectomy syndrome, morbid obesity, diabetes mellitus, and right piriformis syndrome. The patient has previously been treated with surgery, implantation of spinal cord stimulator, physical therapy, aquatic therapy, and medications. A February 26th 2014 physical exam noted the following objective findings: "The patient continues to rely on a cane for ambulation. The patient shows evidence of radiculopathy." Work status on this date notes the patient to be temporarily totally disabled. A utilization review physician did not certify a request for the following medications: Duragesic patches, Norco, Trazodone, Mirapex, Tizanidine, Baclofen, and Qulaquin. Therefore, an independent medical review was requested regarding the medical necessity of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patches 125mcg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Regarding this patient's case, there is no objective documentation of improved functioning with her current narcotic regiment. Her narcotic medications combined also exceed the 120 mg oral morphine equivalents per day recommended limit. Therefore, this medication is not considered medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Regarding this patient's case, there is no objective documentation of improved functioning with her current narcotic regiment. Her narcotic medications combined also exceed the 120 mg oral morphine equivalents per day recommended limit. Therefore, this medication is not considered medically necessary.

Trazodone 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sedating Antidepressants (e.g., Amitriptyline, Trazodone, Mirtazap.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 402.

Decision rationale: In accordance with California MTUS guidelines, antidepressants are recommended to treat depression. Trazodone is an antidepressant medication. This patient is noted to have a history of depression. However, there is no documentation regarding if this medication is helping to treat her depression. There is no documentation of worsening depression or improvement in her depression. Most medical authorities recommend periodic reassessment of

a patient on an antidepressant. Since no such documentation has been provided, Trazodone is not considered medically necessary.

Mirapex 0.25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mirapex (<http://www.drugs.com/mirapex.html>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com. <http://www.drugs.com/pro/qualaquin.html>. Updated 2015. AASM Updates Treatment Guidelines for Restless Legs Syndrome and Periodic Limb Movement Disorder. CARRIE ARMSTRONG. American Family Physician. 2013 Feb 15;87(4):290-292

Decision rationale: Mirapex (Pramipexole) is not addressed by the California MTUS guidelines, ACOEM, or ODG. Therefore, other guidelines were referenced. This medication is used in the treatment of Parkinson's disease and Restless Leg Syndrome. In regards to this patient's case, neither of these diagnoses is mentioned in the provided documentation. Likewise, Mirapex is not considered medically necessary.

Tizanidine 4mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Tizanidine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP.... Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Tizanidine is not medically necessary.

Quaaluaquin 324mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Quaaluaquin (<http://www.drugs.com/mtm/qualaquin.html>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com. <http://www.drugs.com/pro/qualaquin.html>. Updated 2015

Decision rationale: The California MTUS guidelines, ACOEM, and ODG do not address this request. Therefore, other sources were referenced. Quaalun is Quinine Sulfate. This is a medication that is most commonly used to treat malaria. One off label use is the treatment of leg cramps, but this is not an FDA approved indication. There is no documentation to suggest that this patient has Malaria. Therefore, this medication is not considered medically necessary.

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Baclofen is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP.... Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Baclofen is not medically necessary.