

Case Number:	CM15-0004339		
Date Assigned:	01/15/2015	Date of Injury:	07/07/2011
Decision Date:	03/10/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/08/2015

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

Certification(s)/Specialty: Emergency Medicine

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 58 year old male, who sustained an industrial injury on 7/7/2011 in a head on collision with another vehicle. He has reported neck, low back and right knee pain with numbness. The diagnoses have included degeneration of cervical intervertebral disc. Treatment to date has included diagnostics, medications, physical therapy and surgical intervention. Currently, as per the primary treating physician's PR2 dated 12/3/14, the IW complains of neck pain with numbness rated 5-6/10 with medication and 7/10 without medication. He complains of pain and numbness in the low back rated 5-6/10 with medication and 7/10 without medication. He also complains of right knee pain rated 5-6/10 with medication and 7/10 without medication. The physical exam revealed tenderness of the paracervical muscles, tenderness over the base of the neck, skull, and trapezius musculature bilaterally. There was decreased sensation on the left thumb, index and middle finger. Orthopedic testing of the cervical spine revealed local pain. Magnetic Resonance Imaging (MRI) dated 9/25/14 revealed severe disc degeneration, facet arthropathy and spondylolisthesis. X-rays of the lumbar spine dated 11/11/14 revealed moderate degenerative disc disease, stable post cervical changes at anterior cervical fusion sites. The physician prescribed medications and the IW had authorization for pain management. On 12/22/14 Utilization Review modified a request for Xanax 0.5mg 1 PO Q8Hrs #120 modified to Xanax 0.5mg 1 PO Q8Hrs #50 to allow for tapering and discontinuation noting, as per the recommendations of the guidelines, the continued use of xanax will not be supported. The MTUS Guidelines was cited. On 12/22/14 Utilization Review modified a request for Oxycontin 30mg 1 PO Q8Hrs #90 modified to Oxycontin 30mg 1 PO #60 without refills, noting that there

should be a defined functional gain accomplished from the medication and there has been no outline presented for the reduction and discontinuation of the medication. The MTUS Guidelines was cited. On 12/22/14 Utilization Review non-certified a request for Cymbalta 60mg 1 PO QD #30, noting that a functional gain has not been defined. The MTUS Guidelines was cited. On 12/22/14 Utilization Review modified a request for Norco 10-325mg 1 PO QID #120 modified to Norco 10-325mg 1 PO #80 without refills, noting that there should be a defined functional gain accomplished from the medication and there has been no outline presented for the reduction and discontinuation of the medication. The MTUS Guidelines was cited. On 12/22/14 Utilization Review modified a request for Restoril 30mg 1 PO QHS #30 modified to Restoril 30mg 1 PO QHS #15 to allow for the tapering and discontinuation, noting that there has not been mention of a treatment plan for discontinuation of the medication, discussion of alternate treatment, or discussion of the IW's reaction to first line medication for insomnia. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg 1 PO Q8Hrs #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines Page(s): 15, 24, 63, 66, 68-69, 78, 86. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Computed tomography (CT), Pain chapter, Benzodiazepines, Insomnia, Proton pump inhibitors (PPIs), Head chapter, Triptans

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

Decision rationale: The requested Xanax 0.5 mg # 120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence". The injured worker has pain to the neck, low back, and knee with numbness. The treating physician has documented cervical tenderness and decreased left upper extremity sensation. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Xanax 0.5 mg # 120 is not medically necessary.

Oxycontin 30mg 1 PO Q8Hrs #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines Page(s): 15, 24, 63, 66, 68-69, 78, 86. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Computed tomography (CT), Pain chapter, Benzodiazepines, Insomnia, Proton pump inhibitors (PPIs), Head chapter, Triptans

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids f.

Decision rationale: The requested Oxycontin 30 mg # 90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the neck, low back, and knee with numbness. The treating physician has documented cervical tenderness and decreased left upper extremity sensation. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycontin 30 mg # 90 is not medically necessary.

Cymbalta 60mg 1 PO QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines Page(s): 15, 24, 63, 66, 68-69, 78, 86. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Computed tomography (CT), Pain chapter, Benzodiazepines, Insomnia, Proton pump inhibitors (PPIs), Head chapter, Triptans

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16 Page(s).

Decision rationale: The requested Cymbalta 60 mg # 30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy." The injured worker has pain to the neck, low back, knee with numbness. The treating physician has documented cervical tenderness and decreased left upper extremity sensation. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication nor functional improvement from its use. The criteria noted above not having been met, Cymbalta 60 mg # 30 is not medically necessary.

Norco 10-325mg 1 PO QID #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines Page(s): 15, 24, 63, 66,

68-69, 78, 86. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Computed tomography (CT), Pain chapter, Benzodiazepines, Insomnia, Proton pump inhibitors (PPIs), Head chapter, Triptans

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids f.

Decision rationale: The requested Norco 10/325 mg # 120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the neck, low back, and knee with numbness. The treating physician has documented cervical tenderness and decreased left upper extremity sensation. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg # 120 is not medically necessary.

Restoril 30mg 1 PO QHS #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines Page(s): 15, 24, 63, 66, 68-69, 78, 86. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Computed tomography (CT), Pain chapter, Benzodiazepines, Insomnia, Proton pump inhibitors (PPIs), Head chapter, Triptans

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

Decision rationale: The requested Xanax 0.5 mg # 120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has pain to the neck, low back, knee with numbness. The treating physician has documented cervical tenderness and decreased left upper extremity sensation. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Xanax 0.5 mg # 120 is not medically necessary.