MAXIMUS Federal Services

Case Number:	CM15-0006496		
Date Assigned:	01/26/2015	Date of Injury:	01/25/2000
Decision Date:	03/23/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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, 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 55-year-old female who reported an injury on 01/25/2000, due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her neck, bilateral shoulders, internal organs, her mouth and her mental health. The injured worker's treatment history included physical therapy, psychological support, medications and chiropractic care. The injured worker's diagnoses included chronic pain syndrome, chronic cervical pain, TMJ, depression, anxiety and post-traumatic stress disorder. The injured worker's medications included Norco, Lunesta, Lyrica, atenolol, Dexilant and hydroxyzine. The injured worker was evaluated on 01/20/2015. It was documented that the injured worker monitored for aberrant behavior with urine drug screens and was engaged in a pain contract. It was documented that the injured worker had very good analgesia from her medications. Objective findings included limited range of motion secondary to pain with tenderness to palpation of the cervical and lumbar paraspinal musculature. The injured worker's treatment plan included a functional restoration program and continuation of medications. A Request for Authorization, dated 01/27/2015, was submitted to support the refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #150 with 6 refills (QTY 1050): 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 On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #150 with 6 refills (QTY 1050) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, documentation that the injured worker is monitored for aberrant behavior and documentation of managed side effects. The clinical documentation submitted for review does indicate that the injured worker has good pain relief and no indications of aberrant behavior. However, there is no documentation of a quantitative assessment of pain relief to support ongoing use of this medication. Furthermore, the requested 6 additional refills does not allow for timely reassessment and evaluation of efficacy and adherence to medication protocol. As such, the requested Norco 10/325 mg #150 with 6 refills (QTY 1050) is not medically necessary or appropriate.

Lunesta 3 mg #30 with 6 refills (QTY 210): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Chapter

Decision rationale: The requested Lunesta 3 mg #30 with 6 refills (QTY 210) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines recommend the use of Lunesta for insomnia related to chronic pain. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's sleep hygiene to support the need for pharmacological intervention. There is no documentation of nonpharmacological interventions being addressed to assist the injured worker with restoration of sleep patterns. Additionally, the request is for 6 refills. This does not allow for timely reassessment of efficacy of the medication. As such, the requested Lunesta 3 mg #30 with 6 refills (QTY 210) is not medically necessary or appropriate.

Lyrica 100 mg #60 with 6 refills (QTY 420): 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 Antiepilepsy drugs (AEDs), Page(s): 16.

Decision rationale: The requested Lyrica 100 mg #60 with 6 refills (QTY 420) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend anticonvulsants, such as Lyrica, as a first line medication in the management of chronic pain. The continued use of medication should be supported by documented functional benefit and a quantitative assessment of pain relief. The clinical documentation does not provide any evidence of a quantitative assessment of pain relief. Although it is noted that the injured worker has improved daily function resulting from medication usage, without a pain assessment, continued use would not be supported. Additionally, the requested 6 refills does not allow for timely reassessment of efficacy. As such, the requested Lyrica 100 mg #60 with 6 refills (QTY 420) is not medically necessary or appropriate.

Atenolol 50 mg #60 with 6 refills (QTY 420): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension Treatments

Decision rationale: The requested atenolol 50 mg #60 with 6 refills (QTY 420) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend antihypertensives, such as atenolol, for patients who have a documented history of uncontrolled hypertension. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's cardiovascular system to support that they are in need of medication management for hypertensive symptoms. Additionally, the clinical documentation does not provide any support for efficacy of this medication. Furthermore, the requested 6 additional refills does not allow for timely reassessment or evaluation of this medication. As such, the requested atenolol 50 mg #60 with 6 refills (QTY 420) is not medically necessary or appropriate.

Dexilant 60 mg #30 with 6 refills (QTY 210): 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 78.

Decision rationale: The requested Dexilant 60 mg #30 with 6 refills (QTY 210) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal symptoms related to medication usage. The clinical documentation does not provide adequate assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal events related to medication usage. Additionally, the

request as it is submitted is for 6 additional refills. This does not allow for timely reassessment or re-evaluation to support continued use of this medication. As such, the requested Dexilant 60 mg #30 with 6 refills (QTY 210) is not medically necessary or appropriate.

Hydroxyzine 25 mg #60 with 6 refills (QTY 420): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension Treatment

Decision rationale: The requested hydroxyzine 25 mg #60 with 6 refills (QTY 420) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend antihypertensives, such as atenolol, for patients who have a documented history of uncontrolled hypertension. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's cardiovascular system to support that they are in need of medication management for hypertensive symptoms. Additionally, the clinical documentation does not provide any support for efficacy of this medication. Furthermore, the requested 6 additional refills does not allow for timely reassessment or evaluation of this medication. As such, the requested hydroxyzine 25 mg #60 with 6 refills (QTY 420)is not medically necessary or appropriate.