

Case Number:	CM15-0100916		
Date Assigned:	06/03/2015	Date of Injury:	09/02/2011
Decision Date:	12/17/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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: 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 injured worker is a 56 year old female, who sustained an industrial injury on 9-2-11. The injured worker was diagnosed as having chronic neck pain with C6-C7 right subarticular disc with right-sided C6-C7 radiculopathy; chronic left knee pain with medial meniscus tear symptomatic. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 4-27-15 indicated the injured worker presented to this office as a follow-up. Since having last been seen approximately one year ago, she is having multiple medical issues including pericarditis and GI tract. The provider notes she has been bedridden for quite a long period of time. She is now having worsening neck pain; knee pain and radicular symptoms. She also needs a refill of medications. The provider documents her neck pain as constant 7 out of 10 with pain radiating to the right lateral elbow. Numbness and tingling slightly better this week; worse last week. The left knee shows no swelling, no locking or giving but has pain 5 out of 10, worse with stairs. She is only up 1 to 1.5 hours standing and walking per day and sits about an hour. The IW spent the rest of the time is sleeping due to her medical problems. On physical examination the provider documents objective findings of cervical spine tenderness in the paraspinal muscles right side worse than left with extension 30, flexion 35, right and left rotation 70 with negative Spurling's. Negative L'hermitte's. Sensory tests was grossly intact along C6, C7, C8 dermatome. Circumference is 10 inch for bilateral forearm, 13 inch for biceps bilateral. Knee shows joint line tenderness with pain with McMurray's with negative valgus and varus instability. Motor strength 5- out of 5 in the upper extremities as well as in the lower extremities. The provider's treatment plan is to refill her prescriptions for medications. No other medical

documentation was submitted for review. A Request for Authorization is dated 5-26-15. A Utilization Review letter is dated 5-13-15 and non-certification was for Valium 5mg #60 with 2 refills; Vicodin 5-300mg #60 with 2 refills. Utilization Review modified the certification for Tylenol ES 500mg, #60 with 2 refills with only one refill and Naprosyn 550mg, #60 with 2 refills with only one refill. A request for authorization has been received for Valium 5mg #60 with 2 refills; Vicodin 5-300mg #60 with 2 refills; Tylenol ES 500mg, #60 with 2 refills and Naprosyn 550mg, #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Diazepam (Valium).

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Benzodiazepines, Medications for chronic pain, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress, Benzodiazepines.

Decision rationale: The CA MTUS and the ODG guidelines recommend that benzodiazepines can be utilized for the treatment of psychosomatic disorders and anxiety associated with musculoskeletal pain when standard treatment with NSAIDs, non-opioid co-analgesics, exercise and PT have failed. The chronic use of sedative medications such as benzodiazepines can be associated with the development of tolerance, dependency, addiction, sedation, daytime somnolence and adverse interaction with other sedative agents. The records indicate that the patient is utilizing multiple opioids and sedative medications concurrently. There is lack of subjective or objective findings of efficacy or significant functional restoration with the medications utilization. There is no documentation of failure of treatment with non opioid anticonvulsant and antidepressant co-analgesic medications. The duration of utilization of Valium had exceeded the guidelines recommended maximum duration of 4-6 weeks. The request for the use of Valium 5mg #60 with 2 refills is not medically necessary.

Vicodin 5/300mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, psychological intervention, Opioids, specific drug list, Opioid hyperalgesia, Weaning of Medications. 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 treatment of severe musculoskeletal pain when standard treatment with NSAIDs, non-opioid co-analgesics, exercise and PT have failed. The chronic use of high dose opioid medications can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia, daytime somnolence and adverse interaction with sedative agents. The records indicate that the patient is utilizing multiple opioids and sedative medications concurrently. There is lack of subjective or objective findings of efficacy or significant functional restoration with the opioid medication utilization. The presence of persistent complaints of severe pain without functional restoration despite utilization of high dose opioid medications is indicative of opioid induced hyperalgesia. There is no documentation of failure of treatment with non opioid anticonvulsant and antidepressant co-analgesic medications. The request for the use of Vicodin 5/300mg #60 with 2 refills is not medically necessary.

Tylenol ES 500mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that analgesics can be utilized for the treatment of severe musculoskeletal pain when standard treatment with NSAIDs, non-opioid co-analgesics, exercise and PT have failed. The chronic use of high dose acetaminophen medications can be associated with the development of adverse liver, gastrointestinal and renal complications. The records indicate that the patient is utilizing multiple medications containing acetaminophen medications concurrently. There is lack of subjective or objective findings of efficacy or significant functional restoration with the multiple analgesic medications utilization. The presence of persistent complaints of severe pain without functional restoration despite utilization of high dose analgesic medications is indicative of hyperalgesia. There is no documentation of failure of treatment with non opioid anticonvulsant and antidepressant co-analgesic medications. The request for the use of Tylenol ES 500mg #60 with 2 refills is not medically necessary.

Naprosyn 550mg, #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal adverse effects. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dosage for the shortest duration to minimize the incidence of adverse medication effects. There is documentation of efficacy without adverse effect with utilization of Naprosyn. The request for the use of Naprosyn 550mg #60 with 2 refills is medically necessary.