MAXIMUS Federal Services

Case Number:	CM15-0108310		
Date Assigned:	06/15/2015	Date of Injury:	07/28/2010
Decision Date:	09/22/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/05/2015

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: New York, West Virginia, Pennsylvania
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 62 year old male, who sustained an industrial injury on 7/28/2010, due to lifting an air conditioner. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc, depression with anxiety, gastroesophageal reflux disease, cervical disc displacement, cervical radiculitis, degeneration of cervical intervertebral disc, degeneration of thoracic intervertebral disc, low back pain, lumbar disc displacement, lumbar radiculopathy, and lumbar post-laminectomy syndrome. Treatment to date has included diagnostics, multiple lumbar surgeries, mental health treatment, and medications. A hospitalization, due to worsening depression, was noted on 12/30/2014, noting diagnoses to include major depressive disorder, severe, and pain disorder with physical and psychological symptoms. Medications at that time, per history and physical, included Fioricet, Soma, Valium, Cymbalta, Neurontin, Lidocaine, Lithium, Protonix, Seroquel, Rapalfo, Imitrex, and Ambien. Consultation progress report at this time noted medication use with Fioricet, Soma, Valium, Cymbalta, Neurontin, Lidocaine, Pantoprazole, Sucralfate, Sumatriptan, and Tramadol. A hospitalization was noted in 1/2015, due to complaints of nausea and abdominal pain after eating, dysphagia, and morbid obesity. Esophagogastroduodenoscopy was completed. Currently, the injured worker complains of continued low back pain, with radiation to both legs. He had difficulty with balance and urinary difficulties. Pain level was 8-9/10. He also reported moderate spasm, increased thoracic pain, and the inability to perform activities of daily living. Numbness, weakness, and paresthesia were documented. He requested modification of his pain medication, noting that Tramadol was not enough and he was in tears most evenings. He also reported pain in his neck and bilateral

shoulders. Objective findings noted ambulation with a walker, paralumbar spasm, decreased range of motion, positive straight leg raise, decreased sensation in the lateral thighs, and motor strength 5/5 in the lower extremities. His pain levels appeared consistent. Medication refills were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29 and 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 and 64.

Decision rationale: Guidelines do not recommend long term use of muscle relaxants. In this case, there is no documentation of muscle spasm nor is there documentation contraindicating the use of other guideline supported therapy. The request for Soma 350 mg #60 is not medically appropriate and necessary.

Floricet 325/50/40 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines note that barbituate containing analgesics are not recommended for chronic pain. In this case, there is no documentation to support the medical necessity for this medication as an outlier to the referenced guideline negative recommendation. The request for Fioricet 325/50/40 mg #60 is not medically appropriate or necessary.

Fentanyl 25mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44 and 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines do not recommend Fentanyl as a first line therapy and is only indicated in the management of patients who require continuous opioid analgesia for pain and cannot be managed by other means. In this case, there is no documentation of derived functional benefit. The request for Fentanyl 25 mcg #10 is not medically appropriate and necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines recommend Tramadol for treatment of moderate to severe pain. However, tramadol is not recommended as a first line oral analgesic drug. In this case, there is no documented symptomatic or functional improvement from previous use. In addition, there is no documentation of failed trials of first line opiates. The request for Tramadol 50 mg #60 is not medically necessary and appropriate.

Protonix 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitors.

Decision rationale: Guidelines allow for use of a proton pump inhibitor on a prophylactic basis if the patient has risk factors for GI events such as peptic ulcer, GI bleeding or perforation. PPI may also be used for treatment of dyspepsia secondary to NSAID use. In this case, it is unclear if there has been a trial with an H2 blocker which would have a safer side effect profile. The request for Protonix 40 mg #60 is not medically appropriate and necessary.