

Case Number:	CM15-0132293		
Date Assigned:	07/20/2015	Date of Injury:	08/29/2000
Decision Date:	08/25/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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: Massachusetts

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 39-year-old male, who sustained an industrial injury on 8/29/2000. He reported cumulative trauma to the neck, shoulders, and low back. Diagnoses include lumbar disc displacement and rupture, Radiculopathy, post-cervical spine surgery syndrome, facet arthropathy, right shoulder pain, disc degeneration, and chronic depressions and anxiety related to medical condition. Treatments to date include activity modification, ice and heat therapy, lumbar epidural steroid injections and medication therapy. Currently, he complained of chronic low back pain, neck pain and left lower extremity pain rated 8/10 VAS. He was status post lumbar removal of hardware and re-fusion surgery on 4/30/15. He also reported new onset of pain in the right knee with exacerbation of low back pain following a fall down a flight of steps. On 5/27/15, the physical examination documented tenderness over the lumbar spine and bilateral sacroiliac joint areas. The left leg was noted to be weak and there was decreased sensation bilaterally to the lower extremities. The cervical spine was tender at the facet joints. His mood was noted as improved. His thought process was distracted and his memory was somewhat impaired. The decision process was noted to be inappropriate. The plan of care included Diltiazem 120mg #30 with four refills, Methocarbamol 750mg #180 with four refills; Promethazine 25mg #60 with four refills; and Fluoxetine 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diltiazem 120mg quantity 30 with four refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Chest Physicians.

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

Decision rationale: The ODG recommends diltiazem as a first line therapy for hypertension. According to the documents available for review, the IW does not carry a diagnosis of hypertension. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Methocarbamol 750mg quantity 180 with four refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol Page(s): 60-66.

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic LBP. (Chou, 2007) (Mens, 2005) (VanTulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of musclerelaxant medications. These drugs should be used with caution in injured workers driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See 2, 2008) According to the documents available for review, the injured worker has been utilizing methocarbamol for long-term treatment of chronic pain condition. This is in contrast to the MTUS recommendations for short-term treatment of acute exacerbations. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Promethazine 25mg quantity 60 with four refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic), Antiemetics (for opioid nausea).

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

Decision rationale: According to the ODG, promethazine is not recommended for nausea and vomiting secondary to chronic opioid use and is only recommended for preoperative and post-operative use. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Fluoxetine 20mg quantity 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Fluoxetine Hydrochloride.

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

Decision rationale: According to the ODG, SSRIs, such as fluoxetine are first line agents for the treatment of depression. According to the documentation available for review, the IW carries a diagnosis of depression. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established.