MAXIMUS Federal Services

Case Number:	CM15-0134485		
Date Assigned:	07/22/2015	Date of Injury:	11/27/1996
Decision Date:	09/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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 62-year-old male, who sustained an industrial injury on November 27, 1996. Treatment to date has included lumbar spine surgery, medications, assistive devices and heat therapy. Currently, the injured worker complains of pain in the bilateral legs, bilateral shoulders, bilateral buttocks, bilateral knees and bilateral low back. He describes the pain as constant, sharp, aching, shooting, stabbing and electrical pain. The pain is aggravated by lifting, sitting, bending, physical activity, stress, standing, twisting, weather changes, cold and lack of sleep. The pain is improved with rest, heat, medication, walking, changing positions. He rates his pain a 6-8 on a 10-point scale with medications and a 6-8 on a 10-point scale without medications. On physical examination, the injured worker has tenderness to palpation at the lumbosacral junction. He ambulates with an antalgic gait and uses a single point cane for assistance. The diagnoses associated with the request include chronic low back pain, failed back surgery of the lumbar spine, lumbar radiculopathy and myalgia. There are additional diagnosis of anxiety, depression, frustration and anger issues. The treatment plan includes continuation of terazosin HCL, diphenhydramine, Lidoderm patches, and Norco. The other medications listed on the records are Ambien, Effexor, Cialis, Baclofen, Hydroxyzine, Duragesic patch, Zanaflex, Zonegram, Voltaren and capsaicin patch. The IW was noted to be non-compliant with many of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terazosin HCL 5mg #60 with 4 refills: 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 management of high blood pressure. Decision based on Non-MTUS Citation Physician's Desk Reference.

Decision rationale: The CA MTUS did not address the chronic use of Terazocin. The medications are listed as a treatment option for the chronic management of high blood pressure. The records did not specify the indication for the utilization of Terazocin. There was no documentation that the use is related to the work injury condition. The criteria for the use of Terazocin HCL 5mg #60 with 4 refills were not medically necessary.

Diphenhydramine HCL 50mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antihistamines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Metal Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines did not recommend that chronic use of H1 antagonists without documentation of clinical indication. There is lack of guidelines support for the chronic utilization of antihistamines for the prevention of pruritus. The records show that the patient is utilizing multiple psychiatric medications opioids and sedatives concurrently. There is documentation of non-compliance with medication utilization. The criteria for the use of diphenhydramine HCL 50mg #60 with 4 refills were not medically necessary.

Lidoderm Patches 5% 3 boxes with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when standard treatment with oral anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain. The records did

not show that treatment with first line medications failed. The criteria for the use of Lidoderm patch 5% 3 boxes and 3 refills was not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterOpioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs, non-opioid co-analgesics and PT. The chronic use of high opioids is associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with psychiatric and sedative medications. The records indicate that the patient is utilizing multiple opioids, psychiatric and sedative medications concurrently. The records showed indications of non-compliance with medications utilization and aberrant behavior by requests for specific medications. There was no documentation of serial CURESS and UDS reports. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms be treatment with anticonvulsants and antidepressant co-analgesic medications and behavioral therapy. The criteria for the use of Norco 10/325mg #180 were not medically necessary.