MAXIMUS Federal Services

Case Number:	CM15-0165436		
Date Assigned:	09/02/2015	Date of Injury:	07/15/2014
Decision Date:	10/21/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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 45 year old male with an industrial injury dated 12-14-2009; 07-15-2014, (cumulative trauma 01-01-2000-07-15-2014.) His diagnoses included cervical herniated disc, lumbar radiculopathy, and degenerative disease of the lumbar spine, lumbar facet arthropathy, lumbar HNP and history of rotator cuff tear. Prior treatment included 12 sessions of physical therapy, massages, TENS unit, medications and hot pads. He presents on 06-30-2015 for follow up of neck, mid and low back pain which has remained the same since last visit. He noted pain in the right lower extremity was more frequent and worse. He reports difficulty sleeping which had improved since last month. He also complained of migraine headaches. Physical exam noted there was tenderness to palpation over the lumbar spine midline and bilateral lumbar paraspinal with muscle spasms noted bilaterally. His medications included APAP with Codeine, Flexeril, Temazepam, Ketoprofen, Imitrex and Lunesta. The injured worker notes that Tylenol # 3 offers him 50% relief. He notes the medications help him with activity. He noted decreased muscle spasms with Flexeril. He reports good relief with Ketoprofen cream and Lunesta allows him to sleep better. He denies side effects. The requested treatment is for: Outpatient consultation. Outpatient consultation. Eszopiclone 2 mg #60. Cyclobenzaprine 7.5 mg #60. Codeine 300/30 mg #90. CM3-Ketoprofen 20%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Codeine 300/30 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Tylenol #3, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Within the submitted documentation, the criteria for ongoing use of Tylenol #3 is satisfied. There are no adverse events, or aberrant behaviors. Tylenol #3 provides significant pain relief, and allows for improvement in function. Alternate agents such as Ultracet are less effective. This request is medically necessary.

Eszopiclone 2 mg #60: Overturned

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) Chronic Insomnia Treatment, Lunesta.

Decision rationale: California MTUS do not address Lunesta. The ODG state Lunesta is utilized as a treatment of insomnia, and is noted to demonstrate reduced sleep latency and sleep maintenance and is the only FDA-approved benzodiazepine receptor antagonist approved for use longer than 35 days. Within the submitted documentation, the injured worker has chronic pain with associated insomnia, and Lunesta has proved to be beneficial without adverse effects or aberrant behaviors mentioned. This request is reasonable and medically necessary.

Cyclobenzaprine 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to the California MTUS Chronic Pain Guidelines, in regards to Cyclobenzaprine (Flexeril) it is stated that "This medication is not recommended to be used for longer than 2-3 weeks." Long-term use is not recommended and within the submitted documentation, there were no extenuating circumstances that would warrant non-adherence to the guidelines. Though the Flexeril is noted to help reduce spasms, the specific pain score reductions, and subsequent objective and/or functional gains were not clearly described. As such, at this time the request for Cyclobenzaprine cannot be supported. The request is not medically necessary.

CM3- Ketoprofen 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. MTUS specifically states that Ketoprofen is not FDA approved for topical application. Though the physician notes the injured worker experiences pain relief with the use of Ketoprofen, there are no specifics mentioned with regards to pain score reductions, or functional/objective response to treatment. There are no extenuating circumstances to warrant non-adherence to guideline recommendations. This request is not medically necessary.

Outpatient consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: The CA MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialists if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when a plan or course of care may benefit from additional expertise. Within the submitted documentation, the treating physician is requesting follow up in 5 weeks and referral to a specialist given the chronic migraneous headaches this injured worker is dealing with. These requests are both reasonable and certified, given the chronicity of symptoms, and the fact that the plan of care would benefit from additional expertise, and close follow up.