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| Case Number: | CM15-0182900 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 08/06/2013 |
| Decision Date: | 11/23/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/17/2015 |

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 43 year old male, who sustained an industrial injury on 08-06-2013. He has reported injury to multiple body parts. The injured worker has been treated for multiple contusion and strains as a result of motor vehicle accident; chronic pain involving multiple body parts; likely post-concussion syndrome; impaired vision in right eye; opioid dependency and post-traumatic stress disorder. Treatments have included medications, injections, psychotherapy, physical therapy, and home exercise program. The MRI reports showed multilevel disc bulges and facet arthropathy of the cervical and lumbar spine and T8 compression fracture. Medications have included Hydrocodone-Acetaminophen, Cymbalta, Klonopin, Trazodone, Lorazepam, and Ibuprofen. A progress report from the treating physician, dated 08-16-2015, documented an evaluation with the injured worker. The injured worker reported additional details regarding his desire to pursue an inpatient treatment program; Norco has provide adequate symptom relief, at times, when needed; he has been unable to make a follow up appointment with his psychiatrist; he has been unable to refill the medications prescribed to him by the psychiatrist; and these include Lorazepam which helps with his anxiety. Objective findings included he is in no distress; he is frustrated and concerned about chronic problems and associated impairment; seems a bit anxious, and perhaps a little depressed as well; and moves all extremities fairly easily. The treatment plan has included the request for Hydrocodone-Acetaminophen 10-325 mg #60; Lorazepam 1 mg #40; Sulfamethoxazole-Trimethoprim #40; and Cephalexin 500 mg #40. The original utilization review, dated 08-20-2015, non-certified the request for Hydrocodone-

Acetaminophen 10-325 mg #60; Lorazepam 1 mg #40; Sulfamethoxazole-Trimethoprim #40; and Cephalexin 500 mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10-325 mg #60: 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): Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction, 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 / anxiolytic medications can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and non opioid anticonvulsant and antidepressant co-analgesics. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with psychiatric sedative medications. The records indicate that the patient have a history of opioid dependency and significant psychiatric conditions and had indicated desire to be weaned of opioid medications. The patient is utilizing multiple psychiatric and sedative medications concurrently. There is no documentation of guidelines mandated compliance monitoring of serial UDS, CURESS data reports, absence of aberrant behavior or functional restoration. The guidelines recommend that chronic pain patients with significant psychiatric condition be referred to Chronic Pain Programs or Addiction Centers for safe weaning. The criteria for the use of Hydrocodone/Acetaminophen 10/325mg #60 was not met. The request is not medically necessary.

Lorazepam 1 mg #40: Upheld

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

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that anxiolytic medications can be utilized for short term treatment of exacerbation of anxiety associated with musculoskeletal pain that did not respond to standard treatment with NSAIDs and non opioid anticonvulsant and antidepressant co-analgesics. The chronic use of benzodiazepines is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with psychiatric sedative medications. The records indicate that the patient have a history of opioid dependency and significant psychiatric conditions including PTSD, depression and anxiety disorder. The patient is utilizing multiple psychiatric and sedative medications concurrently. There is no documentation of guidelines mandated compliance monitoring of serial UDS, CURESS data reports, absence of aberrant behavior or functional restoration. The duration of utilization of lorazepam, Klonopin and trazodone had exceeded that guidelines recommended maximum duration of 4 weeks. The guidelines recommend that chronic pain patients with significant psychiatric condition be referred to Chronic Pain Programs or Addiction Centers for safe weaning. The criteria for the use of lorazepam 1mg #40 was not met. The request is not medically necessary.

Sulfamethoxazole/Trimethoprim #40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The CA MTUS did not address the use of antibiotics. The ODG guidelines recommend that antibiotics can be utilized for prophylaxis and short term treatment of musculoskeletal infection conditions such as cellulitis and osteomyelitis. The records did not indicate that the patient is utilizing the antibiotics for the treatment of infectious conditions or the prevention of post operative infection. The records did not show the duration of treatment for the requested antibiotic medications. The criteria for the use of sulfamethoxazole/Trimethoprim #40 was not met. The request is not medically necessary.

Cephalexin 500 mg #40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that antibiotics can be utilized for short term prophylaxis and treatment of musculoskeletal infection conditions such as cellulitis and osteomyelitis. The records did not indicate that the patient is utilizing the antibiotics for the treatment of infectious conditions or the prevention of post operative infection. The records did not show the duration of treatment for the requested antibiotic medications. The criteria for the use of Cephalexin 500mg #40 was not met. The request is not medically necessary.

