

Case Number:	CM15-0184951		
Date Assigned:	09/25/2015	Date of Injury:	05/19/2005
Decision Date:	12/21/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old male who sustained an industrial injury on May 19, 2005. The worker is being treated for: fracture of thoracic vertebra, status post revision of thoracic spinal fusion. Subjective: July 25, 2015, August 25, 2015: residual thoracic pain aggravated by change in temperature, bending, lifting and twisting movements that radiates down the lower back. He tolerates the pain with medications. Medications: May 13, 2105, June 29, 2015, July 25, 2015, August 25, 2015: Fexmid, Nalfon, Paxil, Prilosec, Ultram ER, Norco. Treatment: activity modification, home exercises, medications, surgery. On September 01, 2015 a request was made for Prilosec 20mg #90 which was noncertified by Utilization Review on September 08, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Fexmid (Cyclobenzaprine HCL) 7.5 mg QTY 120 refills 0: 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): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. 6 Fexmid (Cyclobenzaprine HCL) 7.5 mg QTY 120 refills 0 is not medically necessary.

Paxil (Paroxetine) 20 mg QTY 60 refills 0: 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) Pain (Chronic), SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for mid or low back pain. This patient does not carry a diagnosis of depression. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Paxil (Paroxetine) 20 mg QTY 60 refills 0 is not medically necessary.

Ultram ER (Tramadol HCL ER) 150 mg QTY 90 refills 0: 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): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Ultram ER is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Ultram ER can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There is no documentation supporting any functional improvement with the continued long-term use of opioids. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Ultram ER (Tramadol HCL ER) 150 mg QTY 90 refills 0 is not medically necessary.

Norco (Hydrocodone bitartrate and acetaminophen) 10/325 mg: 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): Opioids for chronic pain.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco (Hydrocodone bitartrate and acetaminophen) 10/325 mg is not medically necessary.