MAXIMUS Federal Services

Case Number:	CM15-0189285		
Date Assigned:	10/01/2015	Date of Injury:	02/07/2005
Decision Date:	12/16/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/25/2015

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:

This is a 48 year old male who sustained a work-related injury on 2-7-05. Medical record documentation on August 19, 2015 revealed the injured worker was being treated for lumbar radiculopathy, sleep apnea, chronic pain syndrome, cervical radiculopathy, depression, hypertension and transmandibular joint disease. He reported right hand pain and numbness, bilateral knee pain, neck pain with radiation of pain to the bilateral arms, chronic lumbar radiculopathy. He reported difficulty reaching above shoulder level and lifting anything over 15 pounds. He has associated numbness and weakness. He rates his pain an 8 on a 10-point scale. He has been attending group Lindora treatment and has lost 35 pounds. Objective findings included positive straight leg raise at 60 degrees, positive bilateral Spurling's test and decreased sensation at L5-S1. He had positive Tinel's over the median right nerve. A urine drug screen on 11-6-14 had results inconsistent with non detection of medications prescribed to the injured worker. On 8-31-15 the Utilization Review physician determined Ambien (since at least 1-14- 10), Lisinopril (since at least 5-20-15), Lorazepam 1 mg (since at least 5-20-15), Voltaren Ointment, Voltaren 75 mg #120 (since at least 7-18-07), Lidoderm 5% #60, Vicodin 5-325 #90 (since at least 1-14-10) and Norco 5-325 #90 (since at least was not medically necessary and modified Venlafaxine 225 mg #30 and Senokot S #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien: 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: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress Sleep Medications.

Decision rationale: The CA MTUS and the ODG guidelines recommend that sleep medications can be utilized for short-term treatment of insomnia associated with exacerbation of musculoskeletal pain that did not respond to sleep hygiene measures. The chronic use of Ambien can be associated with tolerance, dependency, daytime somnolence, addiction and adverse interaction with other sedative agents. The records indicate that the patient is utilizing multiple opioids and sedatives medications concurrently. The duration of utilization of Ambien had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Ambien were not met. The request is not medically necessary.

Lisinopril: Overturned

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) Cardiovascular Disease Hypertension.

Decision rationale: The CA MTUS did not address the use of blood pressure medications in the treatment of hypertension. The ODG guidelines addressed the treatment of high blood pressure associated with work related clinical conditions. The records indicate that the patient is utilizing lisinopril for the treatment of high blood pressure. There is documentation of compliance and medication efficacy without adverse effects. The criteria for the use of lisinopril were met. The request is medically necessary.

Lorazepam 1mg: 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, and Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Medications for chronic pain, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress Benzodiazepines.

Decision rationale: The CA MTUS and the ODG guidelines recommend that benzodiazepine medications can be utilized for short term treatment of anxiety associated with exacerbation of musculoskeletal pain that did not respond to standard treatment of chronic pain. The chronic use of lorazepam can be associated with the development of tolerance, dependency, daytime somnolence, addiction and adverse interaction with other sedative agents. The records indicate that the patient is utilizing multiple opioids and sedative medications concurrently. The duration of utilization of lorazepam had exceeded the guidelines recommended maximum period of 4 weeks. It is recommended that chronic pain patient with co-existing anxiety disorder be treated with anticonvulsant and antidepressant medications with analgesic action. The criteria for the use of Lorazepam 1mg were not met.

Venlafaxine 225 mg: Overturned

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, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Medications for chronic pain, Psychological treatment, Venlafaxine (Effexor). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterMental Illness and StressAntidepressants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that antidepressant medications can be utilized for the treatment of neuropathic pain, anxiety and depression associated with exacerbation of musculoskeletal pain that did not respond to standard treatment of chronic pain. The presence of poorly controlled psychosomatic disorder is associated with decreased compliance and efficacy of pain treatment measures. The guidelines recommend that chronic pain patient with co-existing depression disorder be treated with anticonvulsant and antidepressant medications with analgesic action such as venlafaxine. There is documentation of compliance without adverse effect with use of antidepressant. The criteria for the use of Venlafaxine 225mg were met. The request is medically necessary.

Voltaren Ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterNSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development cardiovascular, renal and gastrointestinal complications.

The utilization of multiple NSAIDs in different formulations will significantly increase the risk of NSAIDs related complications. The records indicate that the patient is utilizing multiple NSAID formulations. The use of topical NSAIDs is associated with decreased efficacy over short duration of use. The criteria for the use of Voltaren Ointment were not met.

Voltaren 75mg #120: 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): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterNSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development cardiovascular, renal and gastrointestinal complications. The utilization of multiple NSAIDs in different formulations will significantly increase the risk of NSAIDs related complications. The records indicate that the patient is utilizing multiple NSAID formulations. It is recommended that the utilization of NSAIDs be limited to the lowest possible dosage for the shortest duration to minimize NSAID related complication especially in the presence of co-existing hypertension. The criteria for the use of Voltaren 75mg #120 was not met.

Lidoderm 5% #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): Lidoderm (Lidocaine patch), Medications for chronic pain, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterTopical 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 treatment with first line anticonvulsant and antidepressant medications have failed. The record did not show subjective and objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with first line medications. The criteria for the use of Lidoderm patch 5% #60 was not met.

Senokot S: 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, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterOpioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for the prevention and treatment of opioid induced constipation when non medication measures such as increased fluid and fiber intake. The chronic use of high dose opioids is associated with the development of decreased gastrointestinal motility, constipation and other adverse effects. The records indicate that the patient was utilizing multiple short acting opioid medications. The continual utilization of multiple opioid medications is not certified therefore the criteria for chronic prophylactic use of Senokot S was not met.

Vicodin 5/325 #90: 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, Detoxification, Drug testing, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medicati. 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 treatment of severe pain when standard treatment with NSAIDs, non opioid co-analgesics, exercise and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with psychiatric and sedative agents. The records indicate that the patient is utilizing multiple short acting opioids and sedative medications concurrently. There is indication of non compliance with the inconsistent UDS that did not detect prescribed opioid and sedative medications. The guidelines recommend that chronic pain patients with co-existing psychosomatic disorders be treated with anticonvulsant and antidepressant analgesic medications. The criteria for the use of Vicodin 5/325mg #90 was not met.

Norco 5/325 #90: 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): Drug testing, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. 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 treatment of severe pain when standard treatment with NSAIDs, non opioid co-analgesics, exercise and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with psychiatric and sedative agents. The records indicate that the patient is utilizing multiple short acting opioids and sedative medications concurrently. There is indication of non compliance with the inconsistent UDS that did not detect prescribed opioid and sedative medications. The guidelines recommend that chronic pain patients with co-existing psychosomatic disorders be treated with anticonvulsant and antidepressant analgesic medications. The criteria for the use of Norco 5/325mg #90 were not met.