MAXIMUS Federal Services

Case Number:	CM15-0191062		
Date Assigned:	10/05/2015	Date of Injury:	06/18/1999
Decision Date:	12/07/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/29/2015

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: Washington, 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 62 year old female who sustained an industrial injury on 6-18-99. The injured worker is being treated for lumbar radiculopathy and bilateral carpal tunnel syndrome. Comorbid conditions include diabetes. Electromyogram (EMG)-Nerve Condition Velocity (NCV) studies performed on 5-7-15 revealed evidence of a distal sensorimotor polyneuropathy affecting both lower extremities. Treatment to date has included home exercise program, and oral medications including Norco 10/325mg, Robaxin 750mg (at least since 3-26-15), Valium 5mg (since at least 3-26-15), Tylenol #3 (since at least 3-26-15), Effexor and Wellbutrin 300mg. Urine drug screen on 6-18-15 was consistent with prescribed medications. In progress notes dated 8-10-15, the injured worker complained of constant low back pain rated 8 out of 10 with radiation to the bilateral lower extremities with numbness and tingling in legs and constant bilateral wrist pain with numbness and tingling in hands rated 9 out of 10. Work status was noted to be permanently disabled. There was no comments of ongoing muscle spasms, effectiveness of medication, side effects from medication or of mental health problems secondary to her industrial injuries. Physical exam on 8-10-15 revealed restricted range of motion of right wrist and lumbar spine. It is previously noted she walked with a slow antalgic gait. The treatment plan included prescription for Norco 10-325mg #90, Robaxin 750mg #60, Effexor 150mg #30, Tylenol with codeine #60, Valium 5mg #30 and Wellbutrin 300mg #30 and request for authorization for home health care 5 days a week Monday to Friday. On 9-14-15 request for Robaxin 750mg #60 was modified to #20, Valium 5mg #30 was modified to #15 and request for Tylenol with codeine #60 and authorization for home health care 5 days a week Monday to Friday were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #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): Muscle relaxants (for pain).

Decision rationale: Robaxin (methocarbamol) is a central-acting sedating muscle relaxant used to treat skeletal muscle spasms. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been treated with continuous use of Robaxin therapy for over 8 weeks. This is past the short-term use as noted by the MTUS guidelines and, therefore, there is no indication to continue its use. Therefore, the request is not medically necessary.

Valium 5mg #30: 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): Benzodiazepines, Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation American Psychiatric Association. Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition, originally published in October 2010.

Decision rationale: Valium (diazepam) is a benzodiazepine and indicated for short-term use as a sedative-hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Long-term efficacy is unproven. The MTUS does not recommend its use for long-term therapy. However, if used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. The American Psychiatric Association Practice Guideline also notes little evidence to support long-term use of benzodiazepines for anxiety. This patient has taking this medication for over 2 months presumably for its anxiolytic effect, muscle relaxant effection and/or sedative hypnotic effect. However, the medical records available for review do not document ongoing anxiety signs or symptoms, ongoing muscle spasms, or difficulty sleeping nor do the records document the effectiveness of this medication to control any of these symptoms. Continued use is not medically necessary. Medical necessity has not been established but because of the danger from withdrawal, as noted above, consideration should be given to continuing this medication long enough to allow safe tapering.

Tylenol with codeine #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Codeine, Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia.

Decision rationale: Tylenol with codeine (acetaminophen and codeine) is a combination medication made up of acetaminophen and the opioid, codeine. According to the MTUS, acetaminophen is a first line treatment indicated to treat pain from osteoarthritis and chronic low back pain. Acetaminophen is considered the safest medication for use to treat chronic pain. However, it should be used cautiously in combination preparations in order to prevent liver damage. Maximum dose of acetaminophen according to the MTUS is limited to 4 gm of acetaminophen per day. Codeine is indicated to treat mild to moderate pain. The potency of codeine is similar to acetaminophen. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. The MTUS describes use of narcotics for control of chronic pain. Even though opioid use is not considered a first line therapy, the chronic use of opioids is a viable alternative when other therapeutic modalities have been tried and failed. Success of opioid therapy is noted when there is significant improvement in pain or function. The risk with opioid therapy is the development of addiction, overdose and death. The MTUS has specific recommendations for following patients on chronic opioid therapy to ensure the safe use of these medications. This patient has been taking Tylenol with codeine for over 4 months. However, there is no documentation in the provider's recent medical records that the provider is ensuring safe use of opioid therapy in that there is no notation of the effectiveness of the opioid medication, side effects from the opioid medication, or use of/review of a patient contract for chronic use of opioids, These are required to ensure safe use of chronic opioid therapy. Additionally, the patient is already taking Norco, which is another short acting opioid preparation. There is no indication to add a second similar medication to the patient's drug regimen. Finally, this medication is indicated for mild to moderate pain but the medical records describe her pain as severe (8-9/10). Continued use of this medication is not indicated. Therefore, the request is not medically necessary.

Home health care Monday through Friday #480 hours: 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): Home health services.

Decision rationale: Home health care is a wide range of supportive health care services given in the patient's home for an illness or injury, frequently given to patients recovering from recent

surgery or hospitalization. This service means medical professionals providing short-term nursing, rehabilitative, therapeutic, and assistive health care. Examples of skilled home health services include: wound care for pressure sores or a surgical wound, monitoring serious illness and unstable health status, or helping patient regain independence and become as self-sufficient as possible. The MTUS does recommend its use for homebound individuals but not for routine personal care activities such as bathing, dressing or using the bathroom nor for homemaker activities such as shopping, cleaning or laundry. However, when needed, it should be utilized on an intermittent basis no more than 35 hrs per week. This patient's needs do not meet the definition in the MTUS. There is no documentation that the patient is homebound nor has a need for short-term nursing, rehabilitative care, therapeutic care, and assistive health care. Therefore, the request is not medically necessary.