

Case Number:	CM15-0025126		
Date Assigned:	02/17/2015	Date of Injury:	02/17/2011
Decision Date:	04/15/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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, 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 26-year-old female, who sustained an industrial injury on 02/17/2011. She has reported neck pain and low back pain. The diagnoses have included cervical strain; lumbar stenosis; bilateral lumbar radiculopathy; disc degeneration; and chronic intractable pain. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Morphine, Oxycodone, Atarax, and Flexeril. Currently, the injured worker complains of continued neck pain, rated 5/10 on the visual analog scale without medications, and 3/10 with medications; and continued lower back pain, which radiates down the bilateral lower extremities, rated 5-10/10 without medications, and 4-8/10 with medications. A progress report from the treating physician, dated 01/06/2015, included objective findings consisting of palpable tenderness of the paravertebral muscles bilaterally; decreased range of motion of the lumbar spine; normal gait; and intact light touch and pinprick sensation in the bilateral lower extremities. The treatment plan included request for inpatient detox program; and request for prescription medications. On 01/22/2015 Utilization Review modified a prescription for Morphine 15 mg #90, to Morphine 15 mg 1 po Q 8 hours #45; modified a prescription for Atarax 25 mg #90, to Atarax 25 mg 1 po TID #45; modified a prescription for Oxycodone 10 mg #90, to Oxycodone 10 mg 1 po TID #45; modified a prescription for Flexeril 10 mg #90, to Flexeril 10 mg 1 po TID #45; and noncertified a prescription for Inpatient detox program. The CA MTUS Guidelines were cited. On 02/06/2015, the injured worker submitted an application for a prescription for Morphine 15 mg #90; a prescription for Atarax 25 mg #90; a prescription

for Oxycodone 10 mg #90; a prescription for Flexeril 10 mg #90; and a prescription for Inpatient detox program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 88 of 127.

Decision rationale: In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review.

Atarax 25mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Atarax.

Decision rationale: Atarax is also known as Hydroxyzine. It is a brand discontinued in the US. The generic is used for anxiety, itching, nausea and vomiting, sedation for anesthesia, and insomnia. It is to be used with caution with other CNS precautions, with other antidepressants, with alcohol or if there is asthma. I did not see that these precautions were addressed with the claimant. Moreover, I did not see that the claimant had these conditions, nor why the medicine was being prescribed. The request is appropriately non certified.

Oxycodone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 Page(s): Page 88 of 127.

Decision rationale: In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41-42 of 127.

Decision rationale: The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. In addition, it is being used with other agents, which also is not clinically supported in the MTUS.

Inpatient detox program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Rapid Detox Page(s): 103-104.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Detoxification programs.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes under Detoxification programs in the pain section that Most commonly recommended when there is evidence of substance misuse or abuse, evidence that medication is not efficacious, or evidence of excessive complications related to use. Detoxification is defined as a medical intervention that manages a patient through withdrawal syndromes. While the main indication as related to substance-related disorders is evidence of aberrant drug behaviors, other indications for detoxification have been suggested. These include the following: (1) Intolerable side effects; (2) Lack of response to current pain medication treatment (particularly when there is evidence of increasingly escalating doses of substances known for dependence); (3) Evidence of hyperalgesia; (4) Lack of functional improvement; and/or (5) Refractory comorbid psychiatric illness. In this case, these criteria are not definitively and completely explored in this case. The request is not certified.

