

Case Number:	CM15-0025595		
Date Assigned:	02/18/2015	Date of Injury:	04/29/2001
Decision Date:	05/08/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/10/2015

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 45 year old female sustained an industrial injury to the head on 4/29/01, with subsequent ongoing neck, back and lower extremity pain as well as headaches, dizziness and forgetfulness. Past investigations include an EMG / NCS in 2005 that was noted as normal, MRI of the lumbar and cervical spine and later X-Ray of the lumbar spine which showed stable fusion cage and bone formation. The past surgery history include a 2005 left shoulder arthroscopy and a lumbar spine fusion with cage at L4-L5. In a detailed re-evaluation dated 12/4/14, the physician noted that the injured worker had a computed tomography lumbar spine that showed some bone beginning to go across the disc space and the facet joint. No physical exam was included. The treatment plan included continuing the injured worker's bone stimulator. In a PR-2 dated 1/12/15, the physician noted that the injured worker had ongoing headaches, dizziness and forgetfulness. No physical exam was included in the PR-2. The treatment plan included a referral to a neurologist and refilling medications for pain, anxiety, muscle spasm and nerve pain. There is no UDS report available for this review. On 1/16/15, Utilization Review modified a request for Neurontin 300mg #90 to Neurontin 300mg #45, Tramadol 100mg #30 to Tramadol 100mg #20, Soma 250mg #60 to Soma 250mg #10, Voltaren 100mg #30 to Voltaren 100mg #15, Effexor 100mg #30 to Effexor 100mg #15, Ambien 10mg #30 to Ambien 10mg #20 and Xanax 2mg #90 to Xanax 2mg #10 and non-certified a request for Flexeril 10mg #90, noting minimal documentation submitted for review and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): (s) 16-22.

Decision rationale: The CA MTUS recommend that anticonvulsants can be utilized as first line medications for the treatment of neuropathic pain. The guidelines recommend that anticonvulsants can also be utilized for the treatment of chronic pain syndrome associated with psychosomatic symptoms. The records indicate that the patient had lumbar fusion that can be associated with neuropathic pain. There is documentation of co-existing psychosomatic symptoms including anxiety, insomnia and mood disorder. The criteria for the use of Gabapentin 300mg #90 was met.

Tramadol 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): (s) 111,113 and 119.

Decision rationale: The CA MTUS guidelines recommend that opioids can be utilized for the treatment of severe neuropathic pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records indicate that the patient is utilizing opioids with multiple sedative and psychiatric medications concurrently. There is documentation of addition symptoms such as dizziness and forgetfulness that indicates adverse the possibility of drug interactions. There is no documentation of guidelines recommended compliance monitoring such as serial UDS, absence of aberrant behavior and functional restoration. The criteria for the use of Tramadol 100mg #30 was not met.

Soma 250mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): (s) 29 and 63-66.

Decision rationale: The CA MTUS recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the use of the development of tolerance, sedation, dependency, addiction and adverse interaction with other sedatives. The chronic use of Soma is associated with increased risk of adverse effects because of the action of the active metabolite that acts as a central anesthetic agent. The records indicate that the patient had utilized Soma longer than the guidelines recommend 4-6 weeks maximum duration of use. There are documentation of over-sedative effects including dizziness and forgetfulness. The criteria for the use of Soma 250mg #60 was not met.

Voltaren 100mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): (s) 67-73.

Decision rationale: The CA MTUS 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 of cardiovascular, renal and gastrointestinal complications. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dosage for the shortest period. The records indicate that the patient is utilizing NSAIDs as need for the treatment of musculoskeletal pain. There is no documentation of NSAIDs related adverse effects. The criteria for the use of Voltaren 100mg #30 was met.

Effexor 100mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): (s) 13-16.

Decision rationale: The CA MTUS guidelines recommend the effective treatment of psychiatric disorders to improve efficacy of chronic pain management. The presence of poorly managed psychiatric conditions is associated with increased risk of addiction, diversion, decreased efficacy of pain treatment and increased risk of adverse effects and drug interactions. The records indicate that the patient was diagnosed with insomnia, anxiety and depression disorders. The use of Effexor if also recommended for the treatment of chronic pain syndromes and neuropathic pain. The criteria for the use of Effexor 100mg #30 was met.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24.

Decision rationale: The CA MTUS guidelines recommend that sleep medications can be utilized for short term treatment of insomnia when non medication measures and sleep hygiene have failed. It is recommended that the use of sleep medications be limited to short term periods of less than 4 weeks to reduce the risk of dependency, tolerance, daytime somnolence and adverse interaction with other sedative. The records indicate that the patient had utilized for more than the maximum recommended period of 4 weeks. There is documentation of medications adverse effects that includes dizziness and forgetfulness. The patient is utilizing multiple sedative medications concurrently. The criteria for the use of Ambien 10mg #30 was not met.

Xanax 2mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): (s) 24 and 78.

Decision rationale: The CA MTUS guidelines recommend that the use of anxiolytic benzodiazepines be limited to short term periods because of the development of tolerance, dependency and addiction. The chronic use of benzodiazepines is associated with increased risk of severe drug interactions and over sedation in chronic pain patients. It is recommended that antidepressant medications with analgesic and anxiolytic effects such as Duloxetine be utilized as preferred anxiolytics. The records indicate the presence of possible medications adverse effects such as forgetfulness and dizziness. The patient is utilizing multiple sedative medications concurrently. The criteria for the use of Xanax 2mg #90 was not met.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 41-42 and 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Muscle relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse

interaction with opioids and other sedatives. The records indicate that the patient is utilizing multiple opioids, muscle relaxants, sedatives and psychiatric medications concurrently. There is documentation of adverse effects including dizziness, forgetfulness and somnolence. The criteria for the use of Flexeril 10mg #90 was not met.