

Case Number:	CM15-0223989		
Date Assigned:	11/20/2015	Date of Injury:	05/15/1993
Decision Date:	12/30/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/13/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 70-year-old male, who sustained an industrial injury on 5-15-93. The injured worker was diagnosed as having upper extremity neuropathic pain, spasm, tremors; cervical disc protrusion; cervical facet joint pain; cervical stenosis; cervical sprain-strain; depression; narcolepsy; anxiety; chronic pain; GERD. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 10-23-15 indicated the injured worker complains of right neck pain radiating to the right shoulder, right periscapular region, right triceps, right ulnar forearm and right hand with numbness and paresthesias. The injured worker reports a change in condition as a decrease in range of motion in the cervical spine by 65% and increased in cervical spasms by 50%. The provider notes his past medical history as: "depression, narcolepsy, anxiety, chronic pain and GERD". His past surgical history includes a spinal cord stimulator implant with removal 3-29-13, hernia repair and gastrectomy. He is retired and has a 50+ pack a year smoking history. The provider documents, "There is a change in condition, as the patient reports decreased range of motion in cervical spine by 65% and increase in cervical spasms by 50%. Therefore all previous UR and IMR denials of Alprazolam, Clonazepam, Baclofen and Dextroamphetamine no longer apply." He is requesting a all-night polysomnography and multiple sleep latency test to reconfirm Narcolepsy diagnosis despite that studies being completed in 2012. He requests Baclofen for spasms as it provides 50% decrease of spasms with 50% improvement of activities of daily living such as self-care and dressing. Norco is requested indicating it provides a 50% decreased in patient's pain and 50% improvement in his activities of daily living such as self-care and dressing. PR-2 notes dated 8-

28-25 and 9-25-15 indicate the same medications were being prescribed on those dates of service. A Request for Authorization is dated 11-13-15. A Utilization Review letter is dated 11-5-15 and non-certification for Baclofen 10mg #90 with 1 refill and modified the certification for Norco 10-325mg #90 with 2 refills to allow with no refills and Dextroamphetamine 10mg #30 with 1 refill to allow with no refills. A request for authorization has been received for Norco 10-325mg #90 with 2 refills; Baclofen 10mg #90 with 1 refill and Dextroamphetamine 10mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Upon review of this worker, worsening pain was recently reported. Notes included a full review on how effective Norco was at reducing pain by 50% and improving functional ability by about 25%. Also, the provider reported no abuse with Norco and a signed pain medication contract was up to date. As this shows this medication is being used appropriately and is providing significant relief, discontinuation at this time of flare-up would not be appropriate and this request will be considered medically necessary.

Baclofen 10mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement,

and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of using Baclofen regularly leading up to this request, however, the worker appears to still be experiencing worsening of pain even with the use of this medication and no specific reported benefit was recorded in the notes. As this medication is not recommended for chronic use anyway, this request will be considered not medically necessary.

Dextroamphetamine 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com, dextroamphetamine (<http://reference.medscape.com/drug/dexedrine-procentra-dextroamphetamine-342998>).

Decision rationale: The MTUS Guidelines do not address dextroamphetamine. Dextroamphetamine is a stimulant approved for attention deficit hyperactivity disorder and narcolepsy. In the case of this worker, narcolepsy was listed in the medical history, which was confirmed in 2012 by a sleep study. However the details of such study have not been provided for review. It is not clear as to how this condition is related to the initial injury. It is possible, perhaps, that this narcolepsy diagnosis stemmed from the significant polypharmacy effect as many of the drugs being prescribed to this worker have a side effect of drowsiness/somnolence (mirtazapine, alprazolam, baclofen, Viibryd, Norco). Taking more medication may not be the most appropriate treatment plan, especially considering the worker's age. Therefore, regardless of the cause of the narcolepsy, in the opinion of this worker, this medication would not be appropriate. Weaning may be indicated. Therefore, this is not medically necessary.