

Case Number:	CM15-0035470		
Date Assigned:	03/03/2015	Date of Injury:	12/08/1997
Decision Date:	04/22/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/25/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 60-year-old female who reported an injury on 12/08/1997. The mechanism of injury was cumulative trauma. The injured worker was utilizing an AFO. The injured worker was noted to utilize Valium, Paxil, trazodone, Senna, Voltaren gel, and a proton pump inhibitor, as well as methadone and Norco since at least 11/2014. The injured worker underwent urine drug screen. The documentation of 01/13/2015 revealed the injured worker had pain in the lumbar spine, cervical spine, and right lower extremity. The injured worker noted that the lumbar radiofrequency ablation gave 50% relief of low back pain. The injured worker was noted to be undergoing chiropractic adjustments, which seemed to be helping. The injured worker's pain was 6/10. The injured worker had tenderness to the cervical facet joints, and extension reproduced right sided neck pain. There were no distal deficits noted. The diagnosis included cervical spondylosis, traumatic injury right leg, and lumbar spondylosis. The treatment plan included starting physical therapy and continuation with chiropractic care. Additionally, the documentation indicated the injured worker would utilize Lidoderm patches once a day, Valium was to be decreased, and the injured worker was to utilize Norco and methadone, as well as Paxil and omeprazole, Voltaren gel, Senna and trazodone to relieve the effects of the injury. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 20 mg #60 Refills x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Psychiatric Association, 2006.

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review failed to indicate the injured worker had an objective decrease in pain and objective functional improvement, and there was a lack of documentation of an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Paxil 20 mg #60, Refills x3, is not medically necessary.

Methadone 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation of an objective improvement in function and objective decrease in pain, and documentation whether the injured worker had side effects or not. The total daily morphine equivalent dosing would be 300 mg, which exceeds the maximum recommendation of 120 mg. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Methadone 10 mg #90 is not medically necessary.

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation of an objective improvement in function and objective decrease in pain, and documentation whether the injured worker had side effects or not. The total daily morphine equivalent dosing would be 300 mg, which exceeds the maximum recommendation of 120 mg. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #120 is not medically necessary.

Valium tab 10 mg #15: 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), Low back chapter.

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

Decision rationale: The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review indicated the injured worker had been on the medication for an extended duration of time. Additionally, usage would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Valium tab 10 mg #15 is not medically necessary.