

Case Number:	CM15-0039010		
Date Assigned:	03/09/2015	Date of Injury:	12/08/1997
Decision Date:	04/16/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 60 year old female, who sustained an industrial injury on 12/08/1997. Initial complaints included pain in the cervical and lumbar spines, and right lower extremity pain; however, the injured worker's initial diagnoses were not provided. Treatment to date has included conservative care, medications, chiropractic manipulation, and radio frequency ablation in the lumbar spine. No diagnostic testing was provided or discussed. Currently, the injured worker complains of ongoing pain in the cervical spine rated 6/10, with objective findings of tenderness in the right cervical facet joints, and pain with extension. Current diagnoses include cervical spondylosis, traumatic crush injury to the right leg with complex regional pain syndrome type II, and lumbar spondylosis. The current treatment plan includes starting physical therapy for the lumbar spine, continued chiropractic therapy for the cervical spine, and continued medications including: Lidoderm patches, decreased Valium dosage, Norco, methadone, Paxil, omeprazole, Voltaren Gel, Senna, and trazadone. On 2/2/2015, Utilization Review modified the requests for methadone 10 mg #90, Norco 10/325 mg #120, Valium 10 mg #15, and non-certified the request for Paxil 20 mg #60 refills 3 based on MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Methadone Opioids Page(s): 35-41, 61-62, 78-81, 86-87, and 93.

Decision rationale: The cited MTUS guidelines recommend methadone as a second-line drug for moderate to severe pain when the risks are outweighed by potential benefits. Opioids are indicated for neuropathic pain as a second-line agent, and as a first-line agent in nociceptive pain. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's (IW) recent records have included documentation of the pain with and without medication, no significant adverse effects, urine drug testing, subjective functional improvement, and performance of necessary activities of daily living. The available treating physicians' notes did not show documentation of a pain contract, but urine drug testing was ordered (results were not available). An appropriate time frame for reassessing the 4 A's has been done every one to two months, and in addition, the IW is followed by a pain center. The treating physician's notes indicate the IW has used methadone for baseline pain and Norco for breakthrough pain. Weaning of opioid should be routinely reassessed and initiated as soon as indicated by the treatment guidelines, which has been done per recent notes. Based on the available medical information, methadone 10 mg #90 is medically necessary and appropriate for ongoing pain management.

Paxil 20mg #60 REF times 3: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants SSRIs (selective serotonin reuptake inhibitors) Page(s): 14-16 and 107.

Decision rationale: Per the MTUS guidelines cited, SSRIs (selective serotonin reuptake inhibitors) are not recommended for treatment of chronic pain, but they may have a role in treating secondary depression. The role of SSRIs may be in addressing the psychological symptoms associated with chronic pain. The injured worker's industrial injury has been long-standing, with chronic pain, and significant difficulty with ambulation. It would be reasonable to expect that since her injury was almost 18 years ago, that she may benefit from a SSRI to treat depressive symptoms due to her injury. Therefore, the request for Paxil 20 mg #60 with 3 refills is medically necessary.

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Opioids Page(s): 35-41, 78-81, and 86-87.

Decision rationale: The cited MTUS guidelines recommend short acting opioids, such as Norco, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. Opioids are indicated for neuropathic pain as a second-line agent, and as a first-line agent in nociceptive pain. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's (IW) recent records have included documentation of the pain with and without medication, no significant adverse effects, urine drug testing, subjective functional improvement, and performance of necessary activities of daily living. The available treating physicians' notes did not show documentation of a pain contract, but urine drug testing was ordered (results were not available). An appropriate time frame for reassessing the 4 A's has been done every one to two months, and in addition, the IW is followed by a pain center. The treating physician's notes indicate the IW has used methadone for baseline pain and Norco for breakthrough pain. Weaning of opioid should be routinely reassessed and initiated as soon as indicated by the treatment guidelines, which has been done per recent notes. Based on the available medical information, Norco 10/325 mg #120 is medically necessary and appropriate for ongoing pain management.

Valium tab 10mg #15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 and 66.

Decision rationale: According to the cited MTUS guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is significant risk of dependence. Chronic benzodiazepines are the treatment of choice in very few conditions and not indicated for use in sleep related issues or for muscle spasms. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The treating physician's notes indicated that they have been weaning valium usage with the injured worker, and will continue to wean per guidelines. Based on the cited guidelines and medical records available, valium 10 mg #15 is medically necessary and appropriate.