

Case Number:	CM15-0042448		
Date Assigned:	03/12/2015	Date of Injury:	03/29/2001
Decision Date:	04/23/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/06/2015

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, Massachusetts

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 57 year old female, who sustained an industrial injury on 3/29/2001. She reported as neck and low back injury. The mechanism of injury was not provided for review. The injured worker was diagnosed as having a neck sprain with radiculopathy and lumbar sprain with radiculopathy and chronic pain syndrome. All treatment to date was not included for review except medication management. Currently, a progress note from the treating provider dated 1/26/2015 indicates the injured worker reported neck and low back sharp, stabbing pain with weakness, numbness and paresthesias and generalized discomfort. There is reported "good, but partial response to medication". Objective findings is unchanged; continues to be reduced range of motion of cervical and lumbosacral spine, reduced sensation and strength in C7-S1 distribution, and tender palpation to paraspinal muscles with spasm. Diagnoses include cervical and lumbar radiculopathy with chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. There is no mention of VAS symptom report and there is no noted improvement in objective physical exam findings or functional capacity. Consequently, continued use of short acting opioids is not supported by the medical records and guidelines; therefore, this request is not medically necessary.

Celexa 40mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14.

Decision rationale: According to CA MTUS: "SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo)". Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." From these guidelines, the primary role of the class of medications is in treating depression. However, depression is not one of the listed diagnoses in the clinic record and I did not find any clinic record documenting depressive symptoms by a clinician who has diagnosed the patient with clinical depression and has described the treatment plan for depression. The treating provider states that this medication is to treat anxiety however again there is no description of anxiety symptoms or list of anxiety as a diagnosis in the clinic record. Therefore, this request is not medically necessary.

Xanax 2mg #720: Upheld

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

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

Decision rationale: According to the MTUS guidelines, benzodiazepines such as the above medication is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 week. Additionally, the guidelines

state that "tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." The patient has been on this specific benzodiazepine medication for more than 4 weeks and there is no cited efficacy in the provided medical records to support continued use. Consequently the medical records and cited guidelines do not support continued use of this medication at this time. Therefore, this request is not medically necessary.

Valium 5mg #540: Upheld

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

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

Decision rationale: According to the MTUS guidelines, benzodiazepines such as the above medication is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 week. Additionally, the guidelines state that "tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." The patient has been on this specific benzodiazepine medication for more than 4 weeks and there is no cited efficacy in the provided medical records to support continued use. Consequently the medical records and cited guidelines do not support continued use of this medication at this time. Therefore, this request is not medically necessary.