MAXIMUS Federal Services

Case Number:	CM15-0049228		
Date Assigned:	03/23/2015	Date of Injury:	10/02/2004
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/16/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female, who sustained an industrial injury on 10/2/2004. The mechanism of injury was not provided for review. The injured worker was diagnosed as having cervical neck pain, post-operative surgical pain, bilateral carpal tunnel syndrome and bilateral knee pain status post arthroscopy. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. Currently, the injured worker complains of neck pain, bilateral shoulder pain and knee pain. In a progress note dated 1/29/2015, the treating physician is requesting Inderal, Naproxen and Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inderal 20 MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Head Chapter: Botulinum toxin for chronic migraine.

Decision rationale: The patient presents with neck, bilateral shoulder, and knee pain rated 6/10. The request is for Inderal 20 MG. The RFA provided is dated 05/08/14. Patient's diagnosis included cervical neck pain, post-operative surgical pain, bilateral carpal tunnel syndrome and bilateral knee pain status post arthroscopy. The patient is temporarily totally disabled. MTUS is silent regarding this drug. ODG-TWC: Head Chapter: Botulinum toxin for chronic migraine states: "Criteria for botulinum toxin (Botox) for prevention of chronic migraine headaches: Amitriptyline, beta blockers (metoprolol, propranolol, and timolol), topiramate as well as valproic acid and its derivatives, are first-line agents for the treatment of chronic migraines." ODG guidelines mentions propranolol in the context of migraine treatments trial prior to trying botox. The patient has been utilizing Inderal since August 2013; however, there are no documented diagnosis of migraine nor subjective complaints of headaches. ODG supports Propranolol for chronic migraines, but the treating physician has failed to document whether or not the patient has chronic migraines. Furthermore, treater has failed to provide quantity for the request. The request IS NOT medically necessary.

Naproxen 500 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with neck, bilateral shoulder, and knee pain rated 6/10. The request is for Naproxen 500 MG. The RFA provided is dated 05/08/14. Patient's diagnosis included cervical neck pain, post-operative surgical pain, bilateral carpal tunnel syndrome and bilateral knee pain status post arthroscopy. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The prescription for Naproxen was first noted on 01/29/15. Per progress report dated 02/26/15, "the patient has been continuing note substantial benefit of the medications, and she has nociceptive, neuropathic and inflammatory pain. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADRs reported. Medication was reviewed and DDI was checked, she has no side effects." Treater further states on January 29, 2015, the most recent was WNL as they all are, she has no signs of illicit drug abuse diversion, habituation and is on the lowest effective dose with about 90% improvement in pain. The patient has also signed a narcotic agreement. In this case, a trial of Naproxen would be reasonable; however, treater has failed to provide the quantity for the request. The request IS NOT medically necessary.

Restoril 30 MG #30: Upheld

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.

Decision rationale: The patient presents with neck, bilateral shoulder, and knee pain rated 6/10. The request is for Restoril 30 MG #30. The RFA provided is dated 05/08/14. Patient's diagnosis included cervical neck pain, post-operative surgical pain, bilateral carpal tunnel syndrome and bilateral knee pain status post arthroscopy. The patient is temporarily totally disabled. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks" The prescription for Restoril was first mentioned in the progress report dated 08/20/14 and the patient has been taking it consistently since at least then. Such a long course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy and is not supported by guidelines. Additionally, the request for Restoril #30 along with what was previously prescribed exceeds the MTUS recommended limit of 4-weeks use. Therefore, the request IS NOT medically necessary.