

Case Number:	CM15-0055337		
Date Assigned:	04/16/2015	Date of Injury:	06/19/1995
Decision Date:	06/08/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/23/2015

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, Arizona

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 64 year old female with an industrial injury dated 06/19/1995. Her diagnoses include degeneration of cervical intervertebral disc and major depressive affective disorder single episode moderate degree. Prior treatments include medications, surgery, extensive physical therapy, TENS and traction. She presents on 02/23/2015 with complaints of numbness in the hands especially when talking on the phone. She also complains of worse neck pain when looking left. She rates pain as 7/10 with medications and her worst pain as 9/10 without pain medication. Pain medication is documented as improving function and providing 30% relief of pain. Physical exam shows walking to be severely compromised due to enlarged, swollen and painful knees. Clicking is audible in the posterior upper cervical area with rotation using a stethoscope. Neck range of motion was documented as severely limited. The provider documents there are no red flags with a 20-40-% reduction in pain. Other documentation notes narcotic contract/informed consent was signed 06/2014 and annually, urine drug screen performed 02/23/2015 and every 6 months (consistent) and no aberrant behavior. Review of Oregon Prescription Drug Program showed no outside prescriptions or inconsistencies. Plan of treatment included pain medications, anti-inflammatories, meds for constipation, medication for depression and sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 x 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state Celebrex is used for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. In this case, the injured worker does not maintain any of the above mentioned diagnoses. In addition, the injured worker had utilized the above medication since 09/2014. There is no evidence of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Cymbalta 60mg #30 x 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. In this case, the injured worker has continuously utilized the above medication since at least 09/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Gabapentin 400mg #180 x 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines recommend gabapentin for neuropathic pain. In this case, the injured worker has utilized gabapentin 400 mg since 09/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Magnesium citrate oral caps #270 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid induced constipation treatment.

Decision rationale: The California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines state first line treatment for opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. In this case, the injured worker has utilized the above medication since at least 09/2014. The injured worker does not maintain a diagnosis of chronic constipation. There is no documentation of a failure to respond to first line treatment prior to the initiation of a prescription product. There is no mention of functional improvement in symptoms despite the ongoing use of this medication. As the medical necessity has not been established, the request is not medically necessary at this time.

Miralax powder 1 jar x 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid induced constipation treatment.

Decision rationale: The California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines state first line treatment for opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. In this case, the injured worker has utilized the above medication since at least 09/2014. The injured worker does not maintain a diagnosis of chronic constipation. There is no documentation of a failure to respond to first line treatment prior to the initiation of a prescription product. There is no mention of functional improvement in symptoms despite the ongoing use of this medication. As the medical necessity has not been established, the request is not medically necessary at this time.

Trazodone 100mg #30 x 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental illness and stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone.

Decision rationale: The Official Disability Guidelines recommend trazodone as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms, such as depression or anxiety. The injured worker has continuously utilized the above medication since at least 09/2014. It is noted on 02/23/2015, the injured worker indicated that she was too fuzzy in the morning following the use of trazodone and did not wish to continue the medication. There is also no mention of a failure of nonpharmacologic treatment prior to the initiation of a prescription product. There is no frequency listed in the request. Given the above, the request is not medically necessary.

OxyContin ER 20mg #120 x 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication since at least 09/2014. There is no documentation of objective functional improvement despite the ongoing use of this medication. There is also no frequency listed in the request. The guidelines would not support 6 additional refills of a narcotic medication. Given the above, the request is not medically necessary.

Percocet 10/325mg #120 x 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication since at least 09/2014. There is no documentation of objective functional improvement despite the ongoing use of this medication. There is also no frequency listed in the request. The guidelines would not support 6 additional refills of a narcotic medication. Given the above, the request is not medically necessary.

