

Case Number:	CM15-0058966		
Date Assigned:	04/03/2015	Date of Injury:	12/28/2001
Decision Date:	05/22/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/27/2015

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 53-year-old female who reported an injury on 12/28/2001. The mechanism of injury was cumulative trauma. Prior therapies included manual therapy, physiotherapy, Botox injections, MRIs, an EMG, an epidural steroid injection, and surgical intervention. The documentation of 2011 revealed the injured worker's medications included Lexapro, Soma, Celebrex, trazodone, sumatriptan, Buspar, metformin, aspirin, and Norco 10/325 mg. The documentation of 01/02/2015 revealed the injured worker's pain with medications was a 9/10 and without medications was a 10/10. The quality of sleep was poor. The injured worker was noted trying any other therapies for pain relief. The injured worker was taking her medications as prescribed and had no side effects. There was no evidence of medication dependency and no medication abuse was suspected. The injured worker did not have heartburn, constipation, abdominal pain, or a change in bowel habits. The physical examination revealed range of motion was restricted with flexion limited. The examination of the paravertebral muscles in the thoracic spine revealed spasm and tenderness bilaterally. The physical examination of the cervical spine revealed paravertebral muscle tenderness and tight muscle bands bilaterally. The Spurling's maneuver produced no pain in the neck musculature or radicular symptoms in the arm. The diagnoses included reflex sympathetic dystrophy (right upper limb), mood disorder other DIS, migraine unspecified, shoulder pain, and low back pain. The treatment plan included Rozerem and Celebrex as the injured worker was stable on the medications. The refills would stay the same and the injured worker would increase Norco by 10 tablets for the month, refilling #190 for the month postsurgery. There would be no changes to

oxycodone. The injured worker was noted to have failed multiple long acting pain medications. The Rozerem was utilized for sleep and it was noted to work extremely well for sleep and did not leave the injured worker drowsy in the morning. The injured worker could not take Ambien or other sleep aids due to being on several antidepressants. The injured worker was utilizing Buspar and Lexapro for depression and anxiety related to pain and industrial injury. The injured worker was utilizing Skelaxin which was noted to be effective and lessening the baclofen. With the Skelaxin, the injured worker indicated she could be able to perform exercises and do activities. Additionally, the injured worker was to continue Lyrica for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg quantity 105 with one refill: Upheld

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

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 MTUS 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. Refills are not permitted per the DEA due to the drug's Schedule II classification. The clinical documentation submitted for review indicated the injured worker had no aberrant drug behaviors. There was documentation the injured worker was being monitored for side effects. The documentation indicated the injured worker had a minimal objective decrease in pain. However, there was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Additionally, there was a lack of documentation indicating a necessity for a refill as the DEA does not allow refills for this medication. Given the above, the request for oxycodone 15 mg quantity 105 with one refill is not medically necessary.

Rozerem 8mg quantity 30 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic), Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatments.

Decision rationale: The Official Disability Guidelines indicate that nonbenzodiazepine sedative hypnotics are recommended as a first line medication for insomnia. The documentation

indicated the medication was effective for the injured worker. However, the specific duration of sleep and how the medication was beneficial was not provided. It was documented that the injured worker was not drowsy with this medication. The request as submitted failed to indicate the frequency for the requested medication. There was documentation the request for 1 refill was due to the injured worker returning in 2 months. Given the above, the request for Rozerem 8 mg quantity 30 with one refill is not medically necessary.

Lexapro 20mg quantity 30 with three 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: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS 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 provide documentation of objective functional improvement with the requested medication. There was a lack of documentation of objective functional improvement and an assessment of duration of sleep and a psychological assessment. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale for 3 months of the medication as it was indicated the injured worker would return in 2 months. There was a lack of documentation to support 2 antidepressant medications. Given the above, the request for Lexapro 20 mg quantity 30 with three refills is not medically necessary.

Buspar 5mg quantity 30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

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

Decision rationale: The California MTUS 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 provide documentation of objective functional improvement with the requested medication. There was a lack of documentation of objective functional improvement and an assessment of duration of sleep and a

psychological assessment. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation to support 2 antidepressant medications. The documentation indicated the injured worker was to be provided with 1 refill as the injured worker was to return in 2 months. However, given the above, and the lack of documented efficacy, the request for Buspar 5 mg quantity 30 with one refill is not medically necessary.

Lyrica 100mg quantity 90 with one refill: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had a decrease in pain from a 10/10 to a 9/10. However, this was not noted to be a 30% to 50% decrease in pain and there was a lack of documentation of objective functional improvement with the medication. The request as submitted failed to indicate the frequency for the requested medication. The rationale indicated the injured worker was to receive 1 refill as she would not be returning to the clinic for 2 months. Given the above, and the lack of documentation, the request for Lyrica 100 mg quantity 90 with one refill is not medically necessary.

Skelaxin 800mg quantity 90 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain (less than 3 weeks) and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the medication was effective for the injured worker and did not cause sedation. However, the injured worker was utilizing the medication since at least 2011. This medication is not recommended for long term use. The documentation indicated the injured worker had objective functional benefit. However, as the medication is not recommended for long term use, this request would not be supported. Additionally, 1 refill would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Skelaxin 800 mg quantity 90 with one refill is not medically necessary.

Trigger point injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122.

Decision rationale: The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neurotesting); there are to be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection; and there is documented evidence of functional improvement. Additionally they indicate that the frequency should not be at an interval less than two months. The clinical documentation submitted for review failed to provide documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There was a lack of documentation indicating symptoms had been persisted for more than 3 months. There was a lack of documentation indicating medical management therapies, such as ongoing strengthening, physical therapy, NSAIDs, and muscle relaxants had failed to control pain. There was a lack of documentation of myotomal and dermatomal findings to support radiculopathy was not present. The request as submitted failed to indicate the quantity of injections being requested as well as the placement for the injections. Given the above, the request for trigger point injections is not medically necessary.