

Case Number:	CM15-0058997		
Date Assigned:	04/17/2015	Date of Injury:	04/11/2008
Decision Date:	09/08/2015	UR Denial Date:	03/04/2015
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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 46 year old male, who sustained an industrial injury on 04/11/2008. He has reported injury to the neck. The diagnoses have included cervicgia; cervical discopathy with disc displacement and myelopathy, status post cervical fusion; and cervical radiculopathy. There are associated diagnoses of depression, anxiety and insomnia. Treatment to date has included medications, diagnostics, chiropractic therapy, and surgical intervention. Medications have included Nalfon, Fexmid, Norco, Ultram ER and Prilosec. A progress note from the treating physician, dated 02/12/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of no significant improvement in his neck pain, status post cervical fusion; full range of motion; intermittent tightness in the right side of his neck; and the medications are helpful in alleviating some of his pain. Objective findings included a well-healed incision on the left anterior cervical area; tenderness to palpation in the cervical paraspinal musculature; and there is full range of motion. The treatment plan has included the request for Fexmid 7.5mg twice a day #120; Nalfon 400mg capsule #90; Paxil 20mg twice a day #60; Prilosec 20mg twice a day #90; Ultram ER once daily #90; Norco 10/325mg every 4 hours as needed #120; Restoril 30mg at bedtime #30; and Klonopin 2mg three times a day #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg twice a day #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and sedatives. The records indicate that the patient had utilized cyclobenzaprine longer than the guidelines recommended maximum duration of 4 to 6 weeks. The patient is utilizing multiple opioids and sedative medications concurrently. The use of Fexmid 7.5mg twice a day #120 is not medically necessary.

Nalfon 400mg capsule #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. The patient is utilizing Prilosec for the prevention and treatment of NSAID related gastritis. There is documentation of efficacy and functional restoration with utilization of Nalfon. The criteria for the use of Nalfon 400mg #90 was met. The request is medically necessary.

Paxil 20mg twice a day #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that psychosomatic disorders associated with chronic pain syndrome can be treated with medications and non medication treatment measures that includes behavioral therapy. The presence of poorly

ineffectively managed mental health conditions can be associated with non compliance with pain medications, adverse medication effects and decreased efficacy of interventional, medications and PR treatment measures. The records show that the patient has a history of co-existing depression and anxiety disorder. The patient is compliant with medications treatment. There is no reported adverse medication effect. The criteria for the use of Paxil 20mg twice a day #60 was met. The request is medically necessary.

Prilosec 20mg twice a day #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterNSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. Proton pump inhibitors can be utilized for the prophylaxis and treatment of NSAIDs induced gastritis. The patient is utilizing Prilosec for the prevention and treatment of NSAID related gastritis. There is documentation of efficacy with utilization of Prilosec. The criteria for the use of Prilosec 20mg twice a day #90 was met. The request is medically necessary.

Ultram ER once daily #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatments with NSAIDs, co-analgesics and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with other sedatives. The records indicate that the patient is utilizing multiple opioids, psychiatric and sedative medications. There is limited objective findings that indicate functional restoration with utilization of opioids which is indicative of opioid induced hyperalgesia. The criteria for the reduction of opioid utilization with discontinuation of one opioid medication is met. The criteria for continual use of Extended release Ultram ER once daily #90 was met. The request is medically necessary.

Norco 10/325mg every 4 hours as needed #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatments with NSAIDs, co-analgesics and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with other sedatives. The records indicate that the patient is utilizing multiple opioids, psychiatric and sedative medications. There is limited objective findings that indicate functional restoration with utilization of opioids which is indicative of opioid induced hyperalgesia. The criteria for the modification of opioid utilization was met. The criteria for the use of Norco 10/325mg every four hours #120 was not met. The request is not medically necessary.

Restoril 30mg at bedtime #30: 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, Benzodiazepines, Updated February 23, 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that psychosomatic disorders associated with chronic pain syndrome can be treated with medications and non medication treatment measures that includes behavioral therapy. The presence of poorly managed mental health conditions can be associated with non compliance with pain medications, adverse medications effects and decreased efficacy of interventional pain procedures and PT treatment measures. The records show that the patient has a history of co-existing depression and anxiety disorder. The chronic use of benzodiazepines is associated with the development of tolerance, dependency, addiction, sedation, daytime somnolence and adverse interaction with opioids. The guidelines recommend that anticonvulsants and antidepressants with analgesic, anxiolytic and mood stabilizing effects be primarily utilized in chronic pain patients with co-existing psychosomatic disorders. It was noted that the use of sedative / hypnotic sleep medications be utilized for short term periods of less than 4 weeks after sleep hygiene non medications measures have failed. The criteria for the use of Restoril 30mg #30 at bedtime was not met. The request is not medically necessary.

Klonopin 2mg 3 times a day #90: 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): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that psychosomatic disorders associated with chronic pain syndrome can be treated with medications and non medication treatment measures that includes behavioral therapy. The presence of poorly managed mental health conditions can be associated with non compliance with pain medications, adverse medications effects and decreased efficacy of interventional pain procedures and PT treatment measures. The records show that the patient has a history of co-existing depression and anxiety disorder. The chronic use of benzodiazepines is associated with the development of tolerance, dependency, addiction, sedation, daytime somnolence and adverse interaction with opioids. The guidelines recommend that anticonvulsants and antidepressants with analgesic, anxiolytic and mood stabilizing effects be primarily utilized in chronic pain patients with co-existing psychosomatic disorders. The criteria for the use of Klonopin 2mg three time a day #90 was not met. The request is not medically necessary.