

Case Number:	CM15-0068743		
Date Assigned:	04/20/2015	Date of Injury:	05/03/2005
Decision Date:	07/02/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 46 year old male who sustained an industrial injury on 5/30/05. The diagnoses have included cervical discopathy with disc displacement, status post cervical fusion, and lumbar discopathy with disc displacement, status post lumbar fusion, thoracic spine musculoligamentous injury and mood disorder. Treatment to date has included medications, activity modifications, physical therapy, and surgery including lumbar fusion in July of 2008. The current medications included Fioricet, Nallfon, Paxil, Prilosec, Ultram, Norco, Ambien, Soma, as well as topical compounded creams. Currently, as per the physician progress note dated 3/11/15, the injured worker complains of pain in the mid thoracic area that radiates to the back of the head and shoulder blades and causes headaches and depression. He also has minimal pain in the cervical and lumbar spine. It was noted that the pain has decreased from 7-9/10 on pain scale to 1- 4/10 after taking medications. The physical exam of the cervical spine revealed tenderness, decreased range of motion due to stiffness and pain and positive Spurling's sign bilaterally. The thoracic spine also revealed tenderness to palpation. The lumbar spine revealed tenderness and decreased range of motion due to stiffness and pain. The physician noted that the injured worker was to continue with his medications and apply the compound creams to the affected areas for symptomatic relief. The urine drug screen noted in the records dated 2/3/14 was consistent with medications prescribed. The physician requested treatments included Retro Fexmid 7.5mg by mouth 2 times per day #120, Retro Maxalt 5mg #18, Ambien 10mg, one tablet by mouth every evening #30, Lorazepam 2mg, one by mouth three times per day #90 and On-site collection/off-site confirmatory analysis using high complexity laboratory test protocols including GC/MS, LC/MS and Elisa technology for medication treatment compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Fexmid 7.5mg by mouth 2 times per day #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity of fexmid is not substantiated in the records.

Retro Maxalt 5mg #18: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: maxalt drug information and preventive treatment of migraines in adults.

Decision rationale: Maxalt may be used to treat migraine headaches. A 2012 guideline from the American Academy of Neurology concluded beta blockers are as effective for migraine prevention. The records do not document a diagnosis of migraines or efficacy of this medication or a discussion of side effects to justify use. The records do not document medical necessity for Maxalt.

Ambien 10mg, one tablet by mouth every evening #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, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: treatment of insomnia and drug information - Zolpidem.

Decision rationale: Zolpidem (Ambien) is used for the short-term treatment of insomnia who have difficulty with sleep onset. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for ambien

Lorazepam 2mg, one by mouth three times per day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24.

Decision rationale: Per the guidelines, benzodiazepenes are 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 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MD visit does not document any significant improvement in pain or functional status or a discussion of side effects to justify use. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this injured worker, the records do not document medical necessity of lorazepam.

On-site collection/off-site confirmatory analysis using high complexity laboratory test protocols including GC/MS, LC/MS and Elisa technology for medication treatment compliance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43,77,78. Decision based on Non-MTUS Citation Uptodate: testing for drugs of abuse.

Decision rationale: This injured worker has a history of chronic pain since 2005. High complexity laboratory tests are very sensitive and specific means to test for drugs or metabolites. However, it is usually not a methodology used for initial drugs or abuse testing. Urine drug screening is used more commonly and may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, prior urine drug screen confirmed medications and the records fail to document any issues of abuse or addiction or the medical necessity of on-site collection/off-site confirmatory analysis using high complexity laboratory test protocols including GC/MS, LC/MS and Elisa technology for medication treatment compliance.