MAXIMUS Federal Services

Case Number:	CM15-0085240		
Date Assigned:	05/07/2015	Date of Injury:	04/01/2004
Decision Date:	07/07/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/04/2015

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 (IW) is a 51-year-old female who sustained an industrial injury on 04/01/2004. Diagnoses include myalgia and myositis; spasticity, cervical syndrome, cervical spondylosis, neck pain and headache. Treatments to date included medications and Botox injections. According to the progress notes dated 4/20/15, the IW reported neck pain and headaches with left upper extremity pain and spasticity. Botox injections were given on that date to block the left greater occipital nerve. She rated her pain 6/10 with her current medications and 10/10 without them. A request was made for Diazepam 10mg, #60, Fentanyl 50mcg/patch, #15, Gabapentin 300mg, #180, Ondansetron HCL 4mg, #30 and Oxycodone 15mg, #120. The IW was advised to followed up with her primary care doctor to evaluate the complaint of thoracic pain that was associated with difficulty in breathing. The UDS was noted to be appropriate but the full report was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg one to two (1-2) QD #60 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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 Benzodiazepines.

Decision rationale: The CA MTUS and the ODG guidelines recommend that benzodiazepines can be utilized for short term periods in the treatment of chronic pain patients. The chronic use of benzodiazepine can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedative medications. The available records did not indicate that indication for the utilization of the diazepam. Diazepam can be utilized as a second line medication for the short term treatment of many medical conditions including anxiety, insomnia and spasticity. There is no record of failure of treatment with first line medications that can be utilized for chronic treatment. The records show that the patient is utilizing multiple opioids and other sedative medications concurrently. The records show that the use of diazepam had exceeded that guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of diazepam 10mg 1-2 QD #60 with 1 Refill is not medically necessary.

Fentanyl 50mcg/patch one (1) patch every 48 hrs #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96, 124. 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 short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, non opioid co-analgesics and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation, opioid induced side effects and adverse interactions with other sedative medications. The guidelines recommend that Fentanyl be utilized as second line opioids in patient who could not tolerate oral opioids or have failed treatment with standard first line medications. The records did not show that the patient have failed treatment with NSAIDs, non opioid co-analgesics or standard oral formulations of first line opioids. The patient was utilizing multiple opioids and sedative medications concurrently. The criteria for the use of Fentanyl 50mcg/hr patch 48hrs #15 is not medically necessary. The guidelines recommend that patients on high dose opioids and sedative medications be referred to pain programs or addiction centers for safe medications weaning.

Gabapentin 300mg two (2) TID #180 x 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsant.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of chronic pain syndrome and neuropathic pain. The records show that the patient had subjective and objective findings consistent with occipital neuralgia and chronic pain syndrome. There is documentation of efficacy and functional restoration with utilization of gabapentin. There is no report of adverse medication effect. The criteria for the use of gabapentin 300mg 2 TID #180 with 1 Refill is medically necessary.

Ondansetron HCL 4mg one (1) QD prn #30 x 1 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 (ODG), Pain procedure summary online version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Antiemetics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of anti-emetics be limited to short term treatment of nausea and vomiting associated with chemotherapy or acute migraine as well in acute care / peri-operative periods. The nausea and vomiting associated with opioid medications is self-limiting during chronic opioid medications treatment. The records indicate that the patient had utilized ondansetron longer that the guidelines recommended short-term treatment period. There is no documentation of intractable nausea and vomiting associated with the headache or opioid medications utilization. The criteria for the use of Ondansetron HCL 4mg QD PRN #30 with 1 refill is not medically necessary.

Oxycodone 15mg one (1) QID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96, 124. 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 short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, non opioid co-analgesics and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation, opioid induced side effects and adverse interactions with other sedative medications. The records did not show that the patient have failed treatment with NSAIDs or non opioid anticonvulsant and antidepressant co-analgesic medications. The patient was utilizing multiple opioids and sedative medications concurrently. The criteria for the use of oxycodone 15mg QID #120 was not medically necessary. The guidelines recommend that patients on high dose opioids and sedative medications be referred to pain programs or addiction centers for safe medications weaning.