

Case Number:	CM15-0089200		
Date Assigned:	05/14/2015	Date of Injury:	12/23/1994
Decision Date:	09/28/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/08/2015

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 54 year old female, who sustained an industrial injury on 12/31/94. She reported pain in her arm, neck, lower extremity and hand. The injured worker was diagnosed as having cervical disc displacement, headache, brachial neuritis, chronic pain syndrome and reflex sympathetic dystrophy. Treatment to date has included physical therapy, chiropractic treatments, a cervical MRI. Current medications include Baclofen (since 12/11/14), Klonopin, Promethazine (since 12/11/14), Neurontin (since 12/11/14), Suboxone (since 12/11/14), Lunesta and Topamax. As of the PR2 dated 1/8/15, the injured worker reports pain in the arm, lower extremity, neck and hand. She indicated that the pain is relieved with heating pad and pain medications. Objective findings include a noted allergy to Neurontin and moderately reduced range of motion in the cervical and lumbar spine. The treating physician requested Ambien CR 12.5mg #15, Klonopin 0.5mg #64, Promethazine 50mg #20, Maxalt 10mg #10, Topamax 50mg #63, Baclofen 10mg #63, Suboxone 8/2mg #63 and Neurontin 600mg #42.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #15: 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. 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 hypnotics and sedatives can be utilized for short term treatment of insomnia when non medication measures such as sleep hygiene and evaluation for correctable disorders have been unsuccessful. The records show that the patient had been utilizing sleep medications including Lunesta, Ambien and Klonopin for many years. The chronic use of sleep medications is associated with the development of tolerance, dependency, daytime somnolence and adverse interaction with opioids and other sedative medications. The duration of sleep medication had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Ambien CR 12.5 mg was not met. The request is not medically necessary.

Klonopin 0.5mg #64: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 378-388. 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 benzodiazepines can be utilized for short term periods for the treatment of psychosomatic disorders associated with chronic pain syndrome. The chronic use of benzodiazepines can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient is utilizing multiple sedative medications concurrently. The guidelines recommend that antidepressant medications with anxiolytic action such as Cymbalta be utilized for long term treatment of anxiety associated with chronic pain syndrome. The criteria for the use of Klonopin 0.5mg #64 was not met. The request is not medically necessary.

Promethazine 50mg #20: 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): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of phenothiazines for the treatment of nausea and vomiting be limited to short term periods in chemotherapy and acute care setting. The nausea and vomiting associated with chronic use of opioids is self limiting. The chronic use of phenothiazines can be associated with the development of sedation, dependency, tolerance and adverse effects secondary to phenothiazines. The records indicate that the patient is utilizing multiple sedative medications concurrently. The criteria for the use of promethazine 50mg #20 was not met. The request is not medically necessary.

Maxalt 10mg #10: Overturned

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 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Head.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Triptan medications can be utilized for short term abortive treatment of exacerbation of cervicogenic pain with headache when standard first line medications have failed. The records indicate that the patient is utilizing medications for the prevention and treatment of migraine headaches. The criteria for the use of Maxalt 10mg #10 was met. The request is not medically necessary.

Topamax 50mg #63: Upheld

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

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 Topamax can be utilized as a second line medication for the treatment of chronic pain conditions. It is recommended that serial LFT be performed for the evaluation of liver function during chronic treatment with Topamax. The records indicate that the patient is utilizing multiple anticonvulsant medications including first line gabapentin. There is no documentation of LFT reports. The criteria for the use of Topamax 50mg #63 was not met. The request is not medically necessary.

Baclofen 10mg #63: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 64, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants and antispasmodic can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of muscle relaxants and antispasmodic can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedatives. The records indicate that the duration of utilization of Baclofen had exceeded that maximum guidelines recommended period of 4 to 6 weeks. The criteria for the use of Baclofen 10mg #63 was not met. The request is not medically necessary.

Suboxone 8/2mg #63: Upheld

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

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 short term treatment of exacerbation of musculoskeletal pain. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The guidelines did not support the use of Suboxone as a first line opioid for the treatment of musculoskeletal pain. The guidelines noted that the use of Suboxone be limited to the treatment of treatment of opioid addiction when first line methadone treatment have failed. The criteria for the use of Suboxone 8mg/2mg #63 was not met. The request is not medically necessary.

Neurontin 600mg #42: Overturned

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

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 anticonvulsant can be utilized for the treatment of neuropathic and chronic pain syndrome. The records indicate that the patient is utilizing multiple anticonvulsant medications including first line gabapentin and Topamax. There is documentation of compliance and functional restoration with utilization of Neurontin. The criteria for the use of Neurontin 600mg #42 was met. The request is medically necessary.

