

Case Number:	CM14-0128486		
Date Assigned:	08/15/2014	Date of Injury:	01/20/2012
Decision Date:	10/21/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 38 year old male with complaints of neck pain and right arm pain, low back pain and leg pain. The date of injury is 1/20/12 and the mechanism of injury is fall injury (slipping on wet concrete onto his right side) leading to his current symptoms. At the time of request for the following: 1. Retro Flexeril 10mg #60 2. Retro Ambien 10mg#30 3. Retro Lexapro 10mg#60 4. Retro Norco 10/325#240, there is subjective (neck pain, upper extremity pain right, low back pain, bilateral lower extremity pain) and objective (right hand grasp diminished, discoloration, mild redness, and warmth right wrist, hand, and forearm. Diminished range of motion right shoulder, L'hermitte's sign and spurling's sign positive right upper extremity, decreased sensory right upper extremity) findings, imaging findings (MRI lumbar spine 10/4/12 shows degenerative disc disease L5/S1 with disc protrusion, 10/15/12 MRI cervical spine was normal, MRI shoulder right suspicious for torn superior labrum, EMG upper extremity normal), diagnoses (chronic neck pain, s/p right shoulder surgery 5/15/13, Chronic Regional Pain Syndrome right upper extremity, chronic low back pain with L5-S1 disc disease), and treatment to date (medications, sympathetic blocks upper extremity, home exercises, shoulder surgery). Muscle relaxants are recommended for episodes of acute low back pain and spasm for limited duration up to 2 weeks with the highest efficacy occurring in the first 4 days. Zolpidem is recommended only for short term treatment of insomnia. Lexapro is an SSRI anti-depressant also used to treat anxiety. It is recommended to treat severe anxiety in the setting of chronic pain. A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be

documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Flexeril 10mg #60 Refills- 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines and ODG Evidence Based Decision Guidelines, muscle relaxants are recommended for episodes of acute low back pain and spasm for limited duration up to 2 weeks with the highest efficacy occurring in the first 4 days. As the documentation does not support use of cyclobenzaprine as recommended, it is my opinion that this medication is not medically necessary.

Ambien 10mg #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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation xOfficial Disability Guidelines (ODG) <Pain(Chronic)>, <Zolpidem>

Decision rationale: Per ODG Evidence Based Decision Guidelines, zolpidem is recommended only for short term treatment of insomnia. Therefore, this medication is not medically necessary.

RETRO Lexapro 10mg # 60, refill 0: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 91.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation xOfficial Disability Guidelines (ODG) <Pain(Chronic)>, <Anxiety medications in chronic pain>

Decision rationale: Per ODG, Lexapro is an SSRI anti-depressant also used to treat anxiety. It is recommended to treat severe anxiety in the setting of chronic pain therefore the request for this medication is medically necessary.

RETRO Norco 10/325 mg #240, Refill 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-80,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information, it is my opinion that the request for Norco 10/325 #240 is not medically necessary.