MAXIMUS Federal Services

Case Number:	CM14-0129052		
Date Assigned:	09/22/2014	Date of Injury:	02/10/2009
Decision Date:	10/24/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

The injured worker is a 59-year-old female who reported an injury of unspecified mechanism on 02/10/2009. On 06/30/2014, her complaints included persistent right groin, lower abdomen, inner thigh, and genitalia pain radiating down her right leg. This was due to postsurgical changes after a hernia repair in 05/2010. There were symptoms of genitofemoral neuralgia with positive response after GFN blocks and neurolytic nerve phenol injections. Her medications included Carisoprodol 350 mg, oxycodone/acetaminophen 10/325 mg, Opana ER 10 mg, and Alprazolam 1 mg. On 06/27/2014, she had a psychiatric evaluation. Her Beck Depression Inventory score was 26 indicating a moderate amount of depression. Her Beck Anxiety Inventory score was 21 indicating a moderate amount of anxiety. Her score on the Beck Hopelessness Scale was 8 indicating a mild amount of hopelessness. Her psychiatric diagnoses included depressive disorder with anxious features, history of anxiety disorder, history of phase of life problems, sleep disorder secondary to general medical condition, and rule out opioid and benzodiazepine induced dysphoria. On 05/05/2014, it was noted that a request for an orthopedic evaluation was denied. The examination of her musculoskeletal system and extremities revealed no cyanosis, edema, or varicosities. Her cervical spine had normal extension and flexion. Her hips had normal internal and external rotation without tenderness of the SI joints. There was pain over the greater Trochanteric left trigger point. There was no in duration, ecchymosis, or swelling of her lumbar spine with normal alignment. All of her lumbar range of motion was within normal limits. Her treatment plan included a requirement for further treatments including revision of the right hernia surgery, repeat of the genitofemoral blocks and phenol neurolytic blocks. There was no rationale included in the injured worker's chart. A request for authorization for the psychiatric evaluation dated 09/18/2014 was included. A request for authorization for the medications dated 06/30/2014

was included. A request for authorization for the orthopedic consultation dated 06/25/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Alprazolam 2mg With 1 Refill --: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24. Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance develops within weeks. The guidelines do not support the continued use of this medication. Additionally, there was no frequency of administration included with this request. Therefore, this request for 30 Alprazolam 2 mg with 1 refill is not medically necessary.

90 Alprazolam 1mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24. Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance develops within weeks. The guidelines do not support the continued use of this medication. Additionally, there was no frequency of administration included with this request. Therefore, this request for 90 Alprazolam 1 mg is not medically necessary.

120 Carisoprodol 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma(Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page 29. Page(s): 29.

Decision rationale: The California MTUS Guidelines do not recommend this medication. It is not indicated for long term use. It is a commonly prescribed, centrally acting skeletal muscle

relaxant whose primary active metabolite is meprobamate, a schedule IV controlled substance. The main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter the effects of other drugs. This includes in combination with hydrocodone an effect that some abusers claim is similar to heroin. It also increases the sedative effects of benzodiazepines. The guidelines do not support the use of this medication. Additionally, there was no frequency of administration included with the request. Therefore, this request for 120 Carisoprodol 350 mg is not medically necessary.

240 Oxycodone-Acetaminophen 10mg-325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Opioids, pages 74-95. Page(s): 74-95..

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin or antidepressants, or quantified efficacy. Additionally, there was no frequency specified in the request. Since this injured worker was taking more than 1 opioid medication, without the frequency, the morphine equivalency dosage could not be calculated. Therefore, 240 oxycodone/acetaminophen 10/325 mg is not medically necessary.

60 Opana ER 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 74-95. Page(s): 74-95..

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin or antidepressants, or quantified efficacy. Additionally, there was no

frequency specified in the request. Since this injured worker was taking more than 1 opioid medication, without the frequency, the morphine equivalency dosage could not be calculated. Therefore, 60 Opana ER 10 mg is not medically necessary.

1 Psyche Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89..

Decision rationale: The California MTUS/ACOEM Guidelines recommend that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery, as well as provide expert medical recommendations. It was noted that this injured worker had a psychiatric evaluation on 06/27/2014. There was no indication or rationale in the submitted documentation why a second psychiatric evaluation was necessary. The need for another psychiatric evaluation was not clearly demonstrated in the submitted documentation. Therefore, 1 psyche evaluation is not medically necessary.

1 Orthopedic Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89..

Decision rationale: The California MTUS/ACOEM Guidelines recommend that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery, as well as provide expert medical recommendations. There was no indication in the submitted documentation that this injured worker had any orthopedic injuries or conditions that would require an evaluation by a specialist. The clinical information submitted failed to meet the evidence based guidelines for referral. Therefore, 1 orthopedic evaluation is not medically necessary.