MAXIMUS Federal Services

Case Number:	CM14-0144324		
Date Assigned:	09/12/2014	Date of Injury:	08/11/2003
Decision Date:	10/16/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/05/2014

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 underlying date of injury in this case is 08/11/2003. The date of the utilization review is 08/23/2014. The patient's diagnoses include reflex sympathetic dystrophy of the upper limb, neuralgia, depression, testicular hypofunction, and anxiety. The patient was seen in followup 08/13/2014. Patient states he feels he has gone downhill since he was last seen in followup with depression by his treating physician with that diagnosis. The patient had decreased by 8 pounds, and he had not had therapy. The patient has diffusely motion in affected areas due to pain. The treating physician recommended treatment to include Norco, OxyContin, paraffin wax and continuing with other medications. Testosterone levels were ordered as well. An initial physician review noted that Flexeril was not indicated as a chronic medication. This review listed modified Lexapro with 0 refills to allow for close followup with the patient's depression. The initial review concluded that there was not evidence of functional improvement to support the indication for ongoing opioids, particularly at the prescribed dosages, and also this review concluded that the Valium was not indicated, that there was rationale for chronic benzodiazepine use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on muscle relaxants, page 64, recommended Flexeril only for a short course of therapy and does not recommend this medication for chronic use. The medical records do not provide an alternate rationale to support this medication. Therefore, the request for Flexeril 10mg #30 with 3 refills is not medically necessary and appropriate.

Lexapro 10mg #30 with 3 refills: 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), Antidepressants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines selective serotonin reuptake inhibitors Page(s): 107.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on selective serotonin reuptake inhibitors, page 107, states that these medications are not indicated for chronic pain but may have a role in treating chronic depression. The guidelines would support this medication if there is ongoing documentation of efficacy of this medication. Prescribing this medication for a month's supply with three refills would not allow for proper supervision and titration of the medication based on efficacy. Therefore, the request for Lexapro 10 mg #30 with 3 refills is not medically necessary and appropriate.

Oxycontin 20mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (Oxycodone), Opioids, criteria for use; Opioids, dosing;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management, page 78, document the 4 A's of opioid management, including ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The rational or indication of benefit of this medication on a chronic basis is not apparent. the 4 A's of opioid benefit have not been met. The request for Oxycontin 20mg #270 is not medically necessary and appropriate.

Valium 10mg #60 with 3 refills: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on benzodiazepines states that this class of medications is not recommended for long-term use because efficacy is unproven and because tolerance develops rapidly, particularly to anxiolytic effects. The medical records do not provide an alternate rationale to support this medication long term. Therefore, the request for Valium 10 mg #60 with 3 refills is not medically necessary and appropriate.