MAXIMUS Federal Services

Case Number:	CM14-0022338		
Date Assigned:	02/26/2014	Date of Injury:	01/26/2010
Decision Date:	08/18/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/21/2014

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 Illinois. 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 48 year old male who reported an injury on 01/26/2010. The mechanism of injury was a motor vehicle accident. The clinical note dated 12/09/2013 reported that the injured worker complained of headaches every day upon waking up. The injured worker complained of pain on the right side from front to back which was described as explosive. The injured worker complained of a metallic taste in his mouth, decreased hearing with ringing, and swallowing issues with speech issues. The injured worker was admitted to the hospital for chest pain and underwent a treadmill stress test, which was unremarkable. The injured worker complained of shortness of breath when climbing stairs. The injured worker reported only being able to sleep 15 to 20 minutes. The injured worker had numbness to the L4 and half of L3 and left arm and leg weakness. Upon physical exam, the provider noted the injured worker to have full range of motion in the bilateral hips, knees, and ankles. The injured worker has had chiropractic sessions, 1 epidural injection prior to surgery, TENS unit, and undergone cervical fusion C5-7 with plating on 11/19/2011. The injured worker has diagnoses of TBI (traumatic brain injury) with headache of the left hemiparesis with weakness and numbness, post cervical laminectomy syndrome, multiple areas of pain, low back pain, mildly abnormal gait, and headache post-traumatic with migraine like component. The provider requested Ambien to assist with sleep disturbances, Propranolol prophylatically, Topamax, Senokot for constipation, Opana for severe pain, tramadol for moderate pain of the neck and back, physical therapy for the back and neck. The Request for Authorization Form was submitted on 12/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROPRANOL 60MG ER #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus, Propranolol Oral, Online database.

Decision rationale: Medline Plus notes Propranolol is used to treat high blood pressure, abnormal heart rhythms, heart disease, pheochromoctoma, and certain types of tremors. It also notes that it is used to prevent angina which is chest pain and migraine headaches. Propranolol is also used to improve survival after a heart attack. Propranolol is in a class of medications called beta blockers. It works by releasing blood vessels and showing heart rate to improve blood flow and decrease blood pressure. The provider's rationale for the request was not provided within the documentation. There is lack of documentation indicating the need for the medication. There was a lack of documentation supporting the injured worker to be diagnosed with high blood pressure, abnormal heart rate, heart disease, pheochromoctoma or certain types of tumors. The injured worker underwent a treadmill stress test which was normal. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary and appropriate.

TRAMADOL 50MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Chronic Pain Guidelines note a pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long pain relief lasts. The MTUS Chronic Pain Guidelines recommend the use of a urine drug screen for inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. The documentation lacks evidence of the medication providing the desired effects for the injured worker. Additionally, the use of a urine drug screen was not provided in the documentation submitted. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary and appropriate.

TOPAMAX 25MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs Page(s): 16,21.

Decision rationale: The MTUS Chronic Pain Guidelines recommend Topamax for neuropathic pain. The MTUS Chronic Pain Guidelines also note Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of symptomatology. It is still considered for the use of neuropathic pain when other anticonvulsants fail. There is lack of clinical documentation indicating the injured worker has tried other anticonvulsants which failed to provide relief of symptoms. There is also lack of documentation indicating the injured worker to have neuropathic pain. The request submitted failed to provide the frequency of the medication. There is lack of documentation of the efficacy of the medication. Therefore, the request is not medically necessary and appropriate.

OPANA 5MG #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-Going Management, page(s) 73,93 Page(s): 73,93.

Decision rationale: The MTUS Chronic Pain Guidelines recommend an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Chronic Pain Guidelines also note that the pain assessment should include current pain, least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The MTUS Chronic Pain Guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the medication is providing the desired effect for the injured worker in terms of significantly improved functionality related to the medication. The provider did not document an adequate and complete pain assessment within the documentation provided. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided within the documentation submitted. As such, the request is not medically necessary and appropriate.

SENOKOT S: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The MTUS Chronic Pain Guidelines note that prophylactic treatment of Senokot S for constipation should be initiated when on opioid therapy. The requested opioid medications are non-certified; therefore, prophylactic treatment would not be indicated. The provider failed to indicate the quantity, dosage, and frequency of the medication being requested. As such, the request is not medically necessary and appropriate.

AMBIEN CR 12.05MG #25: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Official Disability Guidelines state that Zolpidem is prescription, short acting, nonbenzodiazepine, hypnotic, which is approved for short term (usually for 2 to 6 weeks) for treatment of insomnia. The Guidelines also note Zolpidem is in the same drug class as Ambien. The Guidelines note poor sleep hygiene is critical to the individual with chronic pain and is often is hard to obtain. The Guidelines note various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers, and antianxiety agents are commonly prescribed in chronic pain; pain specialists rarely, if ever, recommend them for long term use. There is lack of objective findings indicating the injured worker to have a diagnosis of insomnia. Additionally, the injured worker has been utilizing the medication for an extended period of time since at least 09/16/2013 which exceeds the guideline recommendations of 2 to 6 weeks. There was lack of documentation indicating the injured worker had improved sleep quality and duration, as well as decreased symptoms during the day as a result of improved sleep quality. The request submitted failed to provide the frequency of the medication. As such, the request is not medically necessary and appropriate.

PHYSICAL THERAPY TO INCLUDE POOL THERAPY PROGRAM 3-5 X 6 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 22, 98,99.

Decision rationale: The MTUS Chronic Pain Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial to restoring to flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Guidelines also note active therapy requires an internal effort by the individual to complete a specific exercise or task. The MTUS Chronic Pain Guidelines recommend Aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy including swimming can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The

provider's rationale for the request was not provided within the documentation. There is lack of documentation the injured worker to be extremely obese which would warrant the need for aquatic therapy. There was lack of documentation indicating the injured worker's prior course of therapy as well as the efficacy of prior therapy. The guidelines recommend 8 to 10 visits of physical therapy; the request submitted exceeds the guideline recommendation. As such, the request is not medically necessary and appropriate.