MAXIMUS Federal Services

Case Number:	CM14-0096927		
Date Assigned:	08/06/2014	Date of Injury:	06/06/2007
Decision Date:	10/08/2014	UR Denial Date:	06/15/2014
Priority:	Standard	Application Received:	06/25/2014

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 Nevada. 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 records, presented for review, indicate that this 59 year old male was reportedly injured on June 6, 2007. The mechanism of injury was noted as a repetitive lifting event. The most recent progress note, dated July 10, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'9", 217 pound individual who was hypertensive (148/82). The injured employee was noted to be well nourished, well developed, and is wearing a walking cast on the right lower extremity, mild to moderate discomfort was also reported, well healed surgical scar was identified, decrease in lumbar spine range of motion, straight leg raising was positive, tenderness to palpation and some muscle spasms noted in the lower lumbar region, and muscle mass in the right lower extremity was decreased. Diagnostic imaging studies objectified the lumbar fusion mass, the changes relative to a neurogenic bladder. Previous treatment included physical therapy, chiropractic care, lumbar surgery, urological interventions, analgesic medications, and injection therapy and pain management interventions. A request was made for multiple medications and was not certified in the preauthorization process on June 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Detrol 4 mg QTY: 390.00: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Philip Van Kerrebroeck, Karl Kreder, Udo Jonas, Norm Zinner, Alan Wein (2001). "Tolterodine once-daily: superior efficacy and tolerability in the treatment of the overactive bladder1". Urology 57 (3): 414-421.

Decision rationale: This is a medication used to treat a neurogenic bladder. The progress notes so far do indicate continuation secondary to neurogenic bladder, which is a function of the surgical intervention. Therefore, based on the current clinical information presented for review, there is a clinical indication for the use of this medication.

Flomax 0.4 mg QTY: 390.00: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Lucas MG, Stephenson TP, Nargund V (February 2005). Tamsulosin in the management of patients with acute urinary retention from benign prostatic hyperplasia. BJU Int. 95 (3): 354

Decision rationale: When noting the history of the injury sustained, the complications that the surgery and the objective occasion of a neurogenic bladder, there is a clinical indication for the use of this medication in terms of illumination. Therefore, this is necessary.

Norco 10/325 mg QTY: 1560.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: This medication is a short acting opiate indicated for the management controlling moderate to severe pain. Furthermore, as outlined in the Medical Treatment Utilization Schedule (MTUS), there is to be lowest dose possible to manage pain and increase functionality. The progress notes presented for review do not indicate any significant improvement in the pain complaints or the functionality of the injured employee. As such, there is no objective demonstration of the efficacy of this medication. Therefore, when noting the parameters outlined in the MTUS and by the physical examination findings, this is not clinically indicated.

Lyrica 100 mg QTY: 390.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19, 99 of 127.

Decision rationale: This medication has been documented to be effective in the treatment of diabetic neuropathy and post herpetic neuralgia. This is a first line treatment and off label is use for neuropathic pain. However, there is no objective data presented demonstrating the efficacy or utility of this medication. No increase in the overall functionality or decrease in the pain symptoms are noted. Therefore, there is insufficient clinical information presented to establish the medical necessity of this preparation.

Wellbutrin XL 300 mg QTY: 1170.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 27 and 125 of 127..

Decision rationale: This is an antidepressant medication that has been loaded and does have some efficacy in the treatment of neuropathic pain. However, there is no evidence presented that the pain levels are being addressed with this medication. As such, this is insufficient clinical information to support the medical necessity of this medication, as no improvement is noted.

Zanaflex 4 mg QTY: 1560.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66 of 127.

Decision rationale: Zanaflex (tizanidine) is a centrally acting alpha 2 adrenergic agonist that is Food and Drug Administration (FDA) approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as second line options for short term treatment. Furthermore, the physical examination does not note there is spasticity. It appears that this medication is being used on a chronic basis, which is not supported by MTUS Treatment Guidelines. Therefore, this medication is not medically necessary

Trazadone 50 mg QTY: 1170.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Officail Disability Guidelines (ODG)-Treatment in Workers Comp 2012 on the web Work loss data Institute (updated 2/14/12)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain-Clinical Measures-Medications: Antidepressants (Electronically Cited)

Decision rationale: Trazodone (Desyrel) is an antidepressant of the serotonin antagonists and reuptake inhibitor (SARI) with an antianxiety and sleep inducing effect. Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) practice guidelines do not support Trazodone for treatment of chronic persistent pain without depression. Review of the available medical records fails to objectively document a diagnosis of depression. As such, this request is not considered medically necessary.