

Case Number:	CM14-0212506		
Date Assigned:	01/02/2015	Date of Injury:	12/22/2008
Decision Date:	02/20/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

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

This is a 48-year-old male with a 12/22/08 date of injury. According to a progress report dated 10/8/14, the patient continued to complain of pain over his bilateral sacroiliac joints, right greater than left. He also noted a popping sensation over both sacroiliac joints. His lumbar spine pain radiated down both legs and caused numbness and tingling. He also complained of spasms in both calf muscles. Objective findings: tenderness over the lumbar paraspinal muscles and bilateral sacroiliac joints, positive FABER and Patrick's tests, decreased lumbar spine range of motion secondary to pain and stiffness, sensory examination is diminished to light touch and pinprick in bilateral S1 dermatome distribution. Diagnostic impression: herniated disc lumbosacral spine, lumbar radiculitis/neuritis, bilateral sacroiliac sprain. Treatment to date: medication management and activity modification. A UR decision dated 11/20/14 modified the requests for Paxil from 60 tablets to 50 tablets, Ultram ER from 90 tablets to 30 tablets, and Fexmid from 120 tablets to 50 tablets. There are no VAS scores for documentation of continued analgesia and efficacy with the prescribed medications. It is unclear if there is continued functional benefit, a lack of adverse side effects, or aberrant behaviors. There is also no indication for the need of more than one month worth of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter - Antidepressants.

Decision rationale: CA MTUS states that SSRI's are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. ODG states that Paxil is recommended as a first-line treatment option for major depressive disorder. Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. SSRI's are also recommended as a first-line choice for the treatment of Post-traumatic stress disorder (PTSD). However, in the present case, there is no documentation that this patient has depression or any other psychiatric disorder. It is unclear why he has been prescribed this medication. Therefore, the request for Paxil 20mg #60 was not medically necessary.

Flexmid 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-sedating muscle relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, in the present case, this patient has a 2008 date of injury, and it is unclear how long he has been taking Fexmid. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Fexmid 7.5mg #120 was not medically necessary.

Ultram ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid therapy Page(s): 78-81. Decision based on Non-MTUS Citation www.americanpainsociety.org

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Furthermore, given the 2008 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Ultram ER 150mg #90 was not medically necessary.