MAXIMUS Federal Services

Case Number:	CM14-0046306		
Date Assigned:	07/02/2014	Date of Injury:	11/01/1999
Decision Date:	05/13/2015	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/14/2014

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: Physical Medicine & Rehabilitation

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 75-year-old male who reported injury on 11/01/1999. The mechanism of injury was cumulative trauma. The injured worker underwent multiple diagnostic studies and surgical interventions. The mechanism of injury was cumulative trauma. The documentation of 02/21/2014 revealed the injured worker had neck and back pain. The injured worker was noted to take temazepam, chlorpromazine, cyclobenzaprine, Butrans 20 mcg patches, Senokot and Fioricet. The pain on average was noted to be a 7/10. The medications were noted to give the injured worker significant relief particularly with pain related insomnia. The injured worker indicated the antispasmodics were useful and that he was worse without them. The injured worker did not call for early refills. The review of systems revealed calf pain while walking, headache, sleep disturbance, loss of interest, joint pain, swelling, sexual dysfunction and easy bruising. The injured worker had decreased cervical range of motion. The diagnosis included shoulder pain and chronic neck pain status post surgeries with insomnia and headaches. The documentation indicated the injured worker was treated with Butrans patches 20 mcg 1 per week, headaches were treated with Fioricet #120 up to 4 per day and chlorpromazine when he has nausea with headaches. Additionally, it was indicated this helped with sleep and was something of an adjuvant for Butrans. Cyclobenzaprine was taken for muscle spasms and temazepam was taken to aid in sleep. The injured worker indicated he was worse without it and it functioned as an opiate sparing medication. The injured worker was noted to have no request for early refills, no misuse and use only 1 pharmacy. The injured worker was less functional without medications. Prescriptions were written for the same medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Butrans 20mcg patch, #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain ongoing management, opioid dosing Page(s): 60,78,86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommends opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain in documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, and objective decrease in pain. The request that has been submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription for Butrans 20 mcg patch #4 is not medically necessary.

One prescription foe Temazepam 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Temazepam; the purpose of weaning. Decision based on Non-MTUS Citation Office Disability Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological and physiological dependencies. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The efficacy was not provided. The request as been submitted failed to indicate the quantity of medication being requested. The frequency was not provided per the submitted request. Given the above, the request for 1 prescription of Temazepam 30 mg is not medically necessary.

One prescription for Cyclobenzaprine 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. The documentation indicated the injured worker had utilized the medication for an extended duration of time. The request as it is submitted failed to indicate the frequency and the quantity of medication being requested. Given the above, the request for 1 prescription of cyclobenzaprine 10 mg is not medically necessary.

One prescription for Chorpromazine 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for Opioid induced nausea in chronic non-malignant pain patients.

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

Decision rationale: The Official Disability Guidelines do not recommend antiemetic for nausea and vomiting secondary to chronic opioid use. The clinical documentation submitted for review indicated the injured worker had utilized the medication secondary to nausea from headaches. However, there is a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the quantity and frequency for the request medication. Given the above, the request for 1 prescription of chlorpromazine 10 mg is not medically necessary.

One prescription of Fioricet #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines do not recommend barbiturate containing analgesic agents. The documentation submitted for review failed to provide the efficacy for the requested medication. There is a lack of documentation of exceptional factors to warrant non-adherence to guidelines recommendations. The request as submitted failed to indicate the strength, and the frequency for the requested medication. Given the above, the request for 1 prescription of Fioricet #120 is not medically necessary.