

Case Number:	CM15-0177920		
Date Assigned:	09/28/2015	Date of Injury:	01/30/2004
Decision Date:	11/30/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/09/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female, who sustained an industrial-work injury on 1-30-04. She reported initial complaints of back, and left hip, knee, and ankle pain. The injured worker was diagnosed as having lumbar disc disease, arthropathy of lower leg, and internal derangement of knee, and Achilles tendinitis. Treatment to date has included medication, surgery (left ankle on 2-9-15) and diagnostics. Currently, the injured worker complains of low back, left hip, left knee, and left ankle pain to include the left shoulder and neck. Meds include Naproxen sodium and Norco 10-325 and symptoms have improved using these medications. IW was walking with crutches and a boot that intensified left hip pain. Per the primary physician's progress report (PR-2) on 6-16-15, exam of left hip noted pain and tenderness with rotation, S1 joint, active flexion on left is less than the right, weakness with resistance (4 out of 5), gait is with a cane, and laceration is healing well. There is limited range of motion-strength secondary to pain. Current plan of care includes physical therapy for ankle and medications. The Request for Authorization requested service to include Topamax 50mg #60, Naproxen 550mg #60, Protonix 20mg #60, Norco 10mg #60, Ultracet 37.5mg #60, Flexeril 7.5mg #60, Trazodone 50mg #60, and Physical therapy 12 sessions. The Utilization Review on 9-9-15 denied the request for Topamax 50mg #60, Naproxen 550mg #60, Protonix 20mg #60, Norco 10mg #60, Ultracet 37.5mg #60, Flexeril 7.5mg #60, Trazodone 50mg #60, and Physical therapy 12 sessions, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009; ACOEM (American College of Occupational and Environmental Medicine), 2nd Edition, (2004), Chapter 7-Independent Medical Examinations and Consultations, pg. 127.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise, Medications for chronic pain, Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatments of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, exercise and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative agents. The guidelines require documentation of compliance monitoring of serial UDS, absence of adverse medication effects, CURESS data reports and functional restoration during chronic sedative utilization. The records indicate that the patient is utilizing multiple short acting opioids, muscle relaxants and sedatives concurrently. There is no documentation of failure of treatment with non-opioid, non sedative medications, home exercise and PT. The records indicate that the duration of utilization of Topamax had exceeded the guidelines recommended maximum duration of 4 to 6 weeks. The criteria for the use of Topamax 50mg #60 were not met, therefore is not medically necessary.

Naproxen 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of renal, cardiovascular and gastrointestinal complications. The guidelines noted that the utilization of NSAIDs be limited to the lowest possible dosage for the shortest period to minimize the risk of adverse medication effect. The records show documentation of medication efficacy and functional restoration with utilization of Naproxen. There was no reported adverse medication effect. The criteria for the use of Naproxen 550mg #60 was met, therefore is medically necessary.

Protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs. Proton Pump Inhibitors.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs related gastrointestinal complications in the elderly and patients with history of gastrointestinal disease. The records indicate that this 61 year old patient is on chronic NSAIDs medications. The patient is utilizing Protonix for the prevention of NSAIDs related gastritis. The criteria for the use of Protonix 20mg #60 was met, therefore is medically necessary.

Norco 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, psychological intervention, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications, Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatments of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, exercise and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative agents. The guidelines require documentation of compliance monitoring of serial UDS, absence of adverse medication effects, CURESS data reports and functional restoration. The records indicate that the patient is utilizing multiple short acting opioids, muscle relaxants and sedatives concurrently. There is no documentation of failure of treatment with non-opioid, non sedative medications, home exercise and PT. The records indicate that the patient had been utilizing multiple opioids without objective findings of significant functional restoration signifying opioid induced hyperalgesia. The criteria for the use of Norco 10/325mg #60 was not met, therefore is not medically necessary.

Ultracet 37.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatments of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, exercise and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative agents. The guidelines require documentation of compliance monitoring of serial UDS, absence of adverse medication effects, CURESS data reports and functional restoration. The records indicate that the patient is utilizing multiple short acting opioids, muscle relaxants and sedatives concurrently. There is no documentation of failure of treatment with non-opioid, non sedative medications, home exercise and PT. The records indicate that the patient had been utilizing multiple opioids without objective findings of significant functional restoration signifying opioid induced hyperalgesia. The criteria for the use of Ultracet 37.5mg #60 was not met, therefore is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Medications for chronic pain, Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatments of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, exercise and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative agents. The guidelines require documentation of compliance monitoring of serial UDS, absence of adverse medication effects, CURESS data reports and functional restoration. The records indicate that the patient is utilizing multiple short acting opioids, muscle relaxants and sedatives concurrently. There is no documentation of failure of treatment with non-opioid, non sedative medications, home exercise and PT. The records indicate that the duration of utilization of Flexeril had exceeded the guidelines recommended maximum duration of 4 to 6 weeks. The criteria for the use of Flexeril 7.5mg #60 was not met, therefore is not medically necessary.

Trazodone 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Medications for chronic pain, Psychological treatment, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that sedatives can be utilized for short term treatments during exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, exercise and PT. The chronic use of sedatives can be associated with the development of tolerance, dependency, addiction, sedation, daytime somnolence and adverse interaction with other sedative agents. The guidelines require documentation of compliance monitoring of serial UDS, absence of adverse medication effects, CURESS data reports and functional restoration. The records indicate that the patient is utilizing multiple short acting opioids, muscle relaxants and sedatives concurrently. The guidelines recommend that chronic pain patients with co-existing psychosomatic disorders such as insomnia, anxiety and depression be treated with anticonvulsant and antidepressant analgesic medications. The records indicate that the duration of utilization of trazodone had exceeded the guidelines recommended maximum duration of 4 weeks for the use of sedatives. The criteria for the use of Trazodone 50mg # 60 was not met, therefore is not medically necessary.

Physical therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Physical Therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of PT can be associated with the reduction in pain, decreased medication requirement and functional restoration. The guidelines recommend that patient proceed to a home exercise program after completion of supervised PT sessions. The records indicate that the patient had previously completed sessions of PT treatments spanning many years since the 2004 injury. There is no documentation of re-injury or acute exacerbation of pain. The criteria for Physical Therapy 12 sessions was not met, therefore is not medically necessary.