

Case Number:	CM15-0027941		
Date Assigned:	03/25/2015	Date of Injury:	08/31/1998
Decision Date:	05/11/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/13/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 51-year-old female who reported injury on 08/31/1998. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 12/24/2014, and again on 01/27/2015. The documentation of 01/13/2015 revealed the injured worker had complaints of neck pain radiating down the bilateral upper extremities. The pain radiated into the fingers. The pain was accompanied by tingling frequently in the bilateral upper extremities to the level of the fingers, and numbness frequently in the bilateral upper extremities, and muscle weakness. The injured worker had low back pain radiating down the bilateral lower extremities. The pain was rated at an 8/10 to 9/10 with medications and a 9/10 to 10/10 without medications. The injured worker reported gastroesophageal reflux. The injured worker reported frequent nausea. The injured worker reported insomnia associated with pain and additional ongoing migraine headaches. The current medications were noted to include Halcion, Lexapro, and Xanax; and the injured worker indicated these were helpful to cope with severe pain. The physical examination of the cervical spine revealed a well healed surgical scar. There was spasm bilaterally in the paraspinal muscles. There was spinal vertebral tenderness in the cervical spine at C4-7, and tenderness upon palpation at the trapezius muscle bilaterally in the paravertebral C4-7 area and bilateral occipital regions. There were myofascial trigger points with twitch responses in the rhomboid muscles bilaterally. The discussion included a CURES report was obtained and reviewed, and the medications trialed and failed included Xanax, carisoprodol, Fioricet, gabapentin, Lidoderm 5% patches, MS Contin, Neurontin, omeprazole, and Percocet. The injured worker underwent prior urine drug screens. The treatment plan

included a home exercise program and a cervical soft collar. Additionally, the request was made for an appeal for authorization for medications, which included Provigil, which helped the injured worker to remain awake and alert during the day and sleep better at night. Xanax was noted to be effective for anxiety. Other medications that were prescribed included Lidoderm 5% patches; MS Contin, which was noted to be beneficial with intended effect; Neurontin, which was beneficial with intended effect; Norflex, which was beneficial; Percocet, which was beneficial; Lexapro; Provigil; Halcion; and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soft Cervical Collar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The ACOEM Guidelines indicate that cervical collars have not been shown to have any lasting benefit, and immobilization in soft collars may contribute to debilitation. There is a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for soft cervical collar is not medically necessary.

Percocet 10/325 1Q6hrs #120: 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 MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement; an objective decrease in pain; and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective functional improvement and a significant objective decrease in pain. The request as submitted failed to designate that the medication was not requested in mg, however, that was not a determining factor for non support. Given the above, the request for Percocet 10/325 1Q6hrs #120 is not medically necessary.

Halcion 0.25mg 1-2 tabs BID #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, there was a lack of documentation indicating a necessity for 2 benzodiazepines. Given the above, the request for Halcion 0.25 mg 1-2 tabs BID #60 is not medically necessary.

Xanax 1mg BID #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, there was a lack of documentation indicating a necessity for 2 benzodiazepines. Given the above, the request for Xanax 1 mg BID #60 is not medically necessary.

Lidoderm 5% Patch 1-2 12hrs on 12 hrs off #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: The California MTUS Guidelines recommend lidocaine in a transdermal application for neuropathic pain. There should be documentation of a failure of first line therapy, including a tricyclic or SNRI antidepressant; or an AED such as gabapentin or Lyrica. There was a lack of documentation of a failure of an antidepressant or first line therapy. Additionally, there was a lack of documentation of objective functional benefit received from the medication and an objective decrease in pain. Given the above, the request for Lidoderm 5% patch 1-2 12 hrs on 12 hrs off #60 is not medically necessary.

MS Contin 30mg 1Q12hrs #60: 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 Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement; an objective decrease in pain; and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective functional improvement and a significant objective decrease in pain. Given the above, the request for MS Contin 30 mg 1Q12hrs #60 is not medically necessary.

Provigil 100mg QD #30: Upheld

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

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

Decision rationale: The Official Disability Guidelines indicate that Provigil is recommended for the treatment of narcolepsy. Additionally, they indicate that physicians prescribing Provigil for sedation effects of opioid should consider reducing the dose of opioids before adding stimulants. The injured worker was noted to be utilizing the medication due the opiates. The clinical documentation submitted for review failed to provide the efficacy for the requested medication. There was a lack of documentation indicating the physician had considered reducing the dose of opiates prior to adding Provigil. Given the above, the request for Provigil 100 mg QD #30 is not medically necessary.

Norflex 100mg BID #60: 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 MTUS 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. There was a lack of documentation of efficacy for the requested medication. Given the above, the request for Norflex 100 mg BID #60 is not medically necessary.