

Case Number:	CM15-0028497		
Date Assigned:	02/20/2015	Date of Injury:	05/25/2000
Decision Date:	05/28/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/16/2015

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: New York

Certification(s)/Specialty: Internal 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:

The injured worker is a 40 year old female, who sustained an industrial injury on 5/25/2000. The diagnoses have included cervical spondylosis without myelopathy. Treatment to date has included medication. The injured worker underwent a cervical medial branch block at C2, C3, C4 right and left on 11/19/2014 due to debilitating axial neck pain, headaches and bilateral shoulder pain. According to the progress report dated 1/15/2015, the injured worker had increasing flairs, noting that weather changes increased pain. It was noted that Butrans caused nausea but worked. Current complaints were increased pain and worsened nausea. The injured worker reported sleeping four hours per night. Average pain level was rated 8/10. Pain with medications was rated 7/10. Pain without medications was rated 10/10. Authorization was requested for medications. On 1/20/2015, Utilization Review (UR) non-certified a request for Robaxin 500mg, Butrans 15mcg, Elavil 10mg and Zofran 4mg #120 with three refills. UR modified a request for Klonopin 0.5mg #60 with three refills to Klonopin 0.5mg #35. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Robaxin 500 mg: Upheld

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

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

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker complains of chronic neck pain with no documentation of significant improvement in these symptoms with prolonged use of Robaxin. The request for Robaxin 500 mg is not medically necessary.

One prescription of Butrans 15 mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Butrans (buprenorphine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Buprenorphine.

Decision rationale: Per guidelines, Butrans patch (Buprenorphine) is recommended as an option for treatment of chronic pain in selected patients, including those with a hyperalgesic component to pain, centrally mediated pain, neuropathic pain or at high-risk of non-adherence with standard opioid maintenance. It is also recommended for analgesia in patients who have previously been detoxified from other high-dose opioids. Documentation revealed that the injured worker complains of neck pain, headache and bilateral shoulder pain. Physician reports fail to show significant improvement in pain or level of function to justify the continued use of Butrans patch. Furthermore, the injured worker complains of side effect of nausea. The request for One prescription of Butrans 15 mcg is not medically necessary.

One prescription of Elavil 10 mg: Upheld

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

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

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs) as first-

line treatment for neuropathic pain. This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. Documentation revealed that the injured worker complains of neck pain, headache and bilateral shoulder pain, and has been treated with this medication chronically, with no demonstrable significant improvement in pain or level of function. The request for One prescription of Elavil 10 mg is not medically necessary.

Zofran 4 mg # 120 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ondasterron (Zofran) Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications.

Decision rationale: Ondansetron (Zofran) is FDA-approved for nausea and vomiting that may be caused by chemotherapy and radiation treatment and for postoperative use. ODG states that this medication is not recommended for nausea and vomiting secondary to chronic opioid use. Documentation fails to show evidence that the injured worker's condition fits criteria for the use of Zofran. The request for Zofran 4 mg # 120 with 3 refills is not medically necessary per guidelines.

Klonopin 0.5 mg # 60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

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

Decision rationale: Clonazepam (Klonopin) is a Benzodiazepine used in the treatment of Seizures and Panic disorder. Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker has been prescribed this medication for a longer duration of time than recommended, with no significant improvement in function. The request for Klonopin 0.5 mg # 60 with 3 refills is not medically necessary.