

Case Number:	CM15-0064302		
Date Assigned:	04/10/2015	Date of Injury:	11/04/1998
Decision Date:	06/08/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/07/2015

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, Arizona
 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 56 year old female, who sustained an industrial injury on 11/04/1998. The injured worker was diagnosed as having cervical sprain/strain with spondylosis, lumbar sprain/strain with degenerative disc disease, facet arthrosis with disc herniation at T12 and L1. Other diagnoses included anxiety and depressive disorder. The injured worker presented on 02/30/2015 for a follow up evaluation with complaints of constant neck and low back pain with severe muscle spasm. The injured worker also continued to report issues of anxiety and depression. The injured worker reported 50% reduction in pain and 50% functional improvement with activities of daily living with the current medication regimen. Upon examination, the provider noted palpable rigidity in the neck and lumbar trunk with muscle spasm and a loss of cervical lordotic curvature. Motor strength, sensation, and deep tendon reflexes were otherwise grossly intact in the upper and lower extremities. Treatment recommendations included a refill of MS Contin, Norco, clonazepam, Cymbalta, Abilify, Flexeril, and clonidine. A urine drug screen was also noted to be appropriate. The injured worker was under a narcotic contract in the office. A Request for Authorization form was submitted on 04/01/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized Norco 10/325 mg since 10/2013. Although the injured worker reported an improvement in symptoms, she continued to report constant neck and low back pain with severe muscle spasm. There is no documentation of objective functional improvement despite the ongoing use of this medication. In addition, there is no frequency listed in the request. As such, the request is not medically necessary.

Clonazepam 1mg #30: Upheld

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

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

Decision rationale: California MTUS Guidelines do not recommend long term use of benzodiazepines, because long term efficacy is unproven and there is a risk of dependence. In this case, the injured worker has continuously utilized the above medication since at least 12/2013. There is no mention of functional improvement despite the ongoing use of this medication. The injured worker continues to report issues of anxiety. There is also no frequency listed in the request. As such, the request is not medically necessary.

Cymbalta 60mg #30: Upheld

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

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

Decision rationale: California MTUS Guidelines state Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. The injured worker has continuously utilized Cymbalta since at least 12/2013. There is no documentation of objective functional improvement despite the ongoing use of this medication. There is also no frequency listed in the request. As such, the request is not medically necessary.

Abilify 5mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Aripiprazole (Abilify).

Decision rationale: The Official Disability Guidelines do not recommend Abilify as a first line treatment. Abilify is an antipsychotic medication. In this case, the injured worker does not maintain a diagnosis of a psychotic disorder. The injured worker has utilized the above medication since 12/2013. Despite the ongoing use of this medication, the injured worker continues to present with issues of anxiety and depression. The medical necessity has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.

Flexeril 10mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. In this case, the injured worker has continuously utilized the above medication. Guidelines do not support long term use of this medication. In addition, the injured worker continues to demonstrate palpable muscle spasm upon examination. Given the above, the request is not medically necessary.