MAXIMUS Federal Services

Case Number:	CM15-0074180		
Date Assigned:	04/24/2015	Date of Injury:	03/10/2006
Decision Date:	07/07/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/17/2015

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: Pennsylvania, Ohio, 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 62 year old male, who sustained an industrial injury on 3/10/2006. He reported back pain after a slip and fall. The injured worker was diagnosed as having thoracic intervertebral disc degeneration, and lumbar degenerative disc disease. Treatment to date has included medications, and acupuncture. He is not working.The request is for Meloxicam, Lunesta, Paxil, and Nizatidine. On 3/17/2015, he complained of persistent low back and mid thoracic back pain. He reported his pain to be well-managed with medications and acupuncture. The records indicate he does not take Lunesta daily. The treatment plan included: continuation of home exercise program, acupuncture, Meloxicam, Lunesta, Paxil, and Nizatidine. He has been utilizing Paxil, Lunesta, and Nizatidine since at least July 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg tablet, 1 tablet every day by mouth for 30 days, qty:30 refills:5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatories Page(s): 22.

Decision rationale: MTUS recommends anti-inflammatories as first-line treatment for chronic musculoskeletal pain. However ongoing physician assessment of risks vs. benefits is indicated by this guideline; thus 5 refills is not supported by the guidelines because the patient would be anticipated to follow up for reassessment more often than every 6 months. Thus, the request is not medically necessary.

Lunesta 2mg tablet, 1 daily at night needed for sleep, qty:20 refills:3: 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), Pain Chapter, Insomnia treatment.

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

Decision rationale: ODG does not recommend pharmacological treatment of insomnia without initial assessment of the cause of insomnia and ongoing physician assessment in order to limit hypnotic use to short periods of time. The current request for 3 refills is not consistent with these guidelines for ongoing regular physician monitoring of risk vs. benefits of chronic hypnotic use. This request is not medically necessary.

Nizatidine 300mg capsule, 1 capsule twice a day by mouth for 30 days, qty:60 refills:3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

Decision rationale: MTUS recommends use of gastrointestinal prophylaxis when a patient has GI symptoms, as have been reported in this case. In this case, the patient reported ineffectiveness of a different gastroprotective agent. In this situation, ongoing physician monitoring is indicated and therefore 3 refills as requested are not consistent with the treatment guidelines. Therefore, this request is not medically necessary.

Paxil 40mg tablet, 1 tablet daily qty:30 refill: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS recommends SSRI anti-depressants as possibly having a role in treating secondary depression in chronic pain patients. The records in this case contain very limited documentation of depression or effectiveness of Paxil in treating such a diagnosis. Not only is Paxil not supported by the guidelines in such a situation, but in particular 5 refills would not be supported. Thus, the request is not medically necessary.