

Case Number:	CM15-0096719		
Date Assigned:	05/27/2015	Date of Injury:	12/17/2001
Decision Date:	06/25/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/19/2015

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, Indiana, 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:

This 53 year old female sustained an industrial injury to the neck and right shoulder on 12/17/01. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, home exercise and medications. In a PR-2 dated 4/30/15, the injured worker complained of ongoing pain in the upper back and lower neck in the bilateral scapular region. The injured worker stated that she had been evaluated by a cardiologist who diagnosed her with a heart condition that was likely causing her chronic fatigue. The injured worker reported that she had tried yoga but it caused too much pain. The injured worker stated that she was trying to walk but she was sensitive to the poor air quality. The injured worker was trying to do a daily stretching program. Physical exam was remarkable for tenderness to palpation in the right and left neck and scapular region with limited range of motion and 4/5 strength on the right. The physician noted that the injured worker was noted to have a "swollen" liver, therefore he would start Hysingla. Current diagnoses included neck pain and neuropathic pain syndrome. The treatment plan included discontinuing Norco and starting Hysingla 30 mg every 24 hours for pain control, continuing medications (Xanax, Topamax, Flexeril and Senna) and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla 30mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 75, 78, 79, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hysingla (hydrocodone bitartrate) 30mg # 30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are neck pain; and neuropathic pain syndrome. Documentation from October 1, 2014 shows the injured worker was taking Vicodin 5/300 mg. On January 6, 2015, Vicodin was changed to Norco 10/325 mg. In the most recent progress note dated April 30, 2015, Norco was changed to Hysingla 30mg to four hours. Subjectively, according to an April 30, 2015 progress note, the worker has chronic fatigue, pain in the upper and lower back. The injured worker has a history of a "swollen liver". Objectively, there is limited range of motion with no significant motor deficits. There is tenderness to palpation over the cervical paraspinal muscle groups. There are no risk assessments, detailed pain assessments or attempted opiate weaning in the medical record. There is no documentation demonstrating objective functional improvement in the medical record. Consequently, absent compelling clinical documentation with evidence of objective functional improvement, risk assessments and detailed pain assessments with attempted opiate weaning, Hysingla (hydrocodone bitartrate) 30mg # 30 is not medically necessary.

Xanax 1mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Weaning, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 1 mg #90 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most

guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are neck pain; and neuropathic pain syndrome. The injured worker was also taking Xanax. Xanax was weaned to 1 mg q8h on January 6, 2015. In the most recent progress note dated April 30, 2015 Xanax 1 mg was continued. Xanax is not recommended for long-term use (longer than two weeks). Xanax first appeared in a January 6, 2015 progress note. The most recent progress note is April 30, 2015. Xanax 1 mg was continued. Xanax was continued in excess of three months. This is an excess of the recommended guidelines "not recommended for long-term use (longer than two weeks). There is no documentation demonstrating objective functional improvement with long-term Xanax. Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support ongoing long-term Xanax, Xanax 1 mg #90 is not medically necessary.

Flexeril 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are neck pain; and neuropathic pain syndrome. Flexeril 10mg was prescribed by the treating provider as far back as October 1, 2014. According to the most recent progress note dated April 30, 2015, Flexeril 10 mg was still prescribed by the treating provider to the injured worker. Subjectively, the injured worker had chronic fatigue with upper and lower back pain. Physical examination did not show any significant abnormalities. The treating provider exceeded the recommended guidelines by continuing Flexeril in excess of seven months. There is no compelling clinical documentation to support the ongoing use of Flexeril. Additionally, the documentation did not demonstrate objective functional improvement with ongoing Flexeril. The treating provider exceeded the recommended guidelines for short-term use (less than two weeks) by continuing Flexeril 10 mg in excess of seven months. Consequently, absent compelling clinical documentation with evidence of objective functional improvement in excess of the recommended guidelines for short-term use (less than two weeks), Flexeril 10 mg #90 is not medically necessary.