

Case Number:	CM15-0103898		
Date Assigned:	06/08/2015	Date of Injury:	06/18/2009
Decision Date:	10/05/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 sustained an industrial injury on 6/18/2009. The details regarding the initial injury were not submitted for this review. Diagnoses include cervical disc disorder, shoulder pain, radiculopathy, insomnia, depression with anxiety and cervical facet syndrome. Her surgical history included two left knee surgeries, right knee surgery and gastric bypass. Treatments to date include medications therapy, physical therapy, home exercise program and acupuncture treatments. Currently, she complained of low back pain. The CURES, opiate agreement, and urine drug screen were documented as completed. On 6/8/15, there were subjective complaints of constant pain, nausea, vomiting, numbness, tingling and general weakness. The plan of care included Gabapentin 300mg #90; Zofran 8mg #60; Tizanidine HCL 4mg #90 with three refills; Omeprazole 20mg #60 with three refills; Clonazepam 0.25mg #60; Oxycodone HCL 15mg #240; and Trazodone 50mg #30. The other medications listed are Lidoderm, lactulose, Miralax and Zoloft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anti-epileptics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anti-epileptic medications can be utilized for the treatment of neuropathic and chronic pain syndrome. The chronic use of anti-epileptic is associated with pain relief, mood stabilization and improvement in sleep. The records indicate that the patient have subjective and objective findings consistent with chronic pain syndrome associated psychosomatic disorders. The criteria for the use of gabapentin 300mg #90 was met. Therefore, the request was medically necessary.

Zofran 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Pain Chapter, Ondansetron (Zofran).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anti-emetics.

Decision rationale: The CA MTUS and the ODG guidelines did not recommend chronic utilization of anti-emetics during opioid treatment. The nausea and vomiting associated with chronic opioids utilization decreases with adjustments in opioid dosage and is generally self limiting. There is guidelines support for short term utilization of Zofran for the treatment of migraine and chemotherapy induced nausea and vomiting. The records indicate that the patient did not meet these criteria for the use of Zofran. The criteria for the utilization of Zofran 8mg #60 was not met. Therefore, the request was not medically necessary.

Tizanidine HCL 4mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants and antispasmodics can be utilized for the short-term treatments of exacerbation of musculoskeletal pain. The chronic use of tizanidine can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative agents. The records indicate that the duration of tizanidine had exceeded the guidelines recommended

maximum period of 4 to 6 weeks. There is no documentation of serial LFT for monitoring of chronic tizanidine utilization. The criteria for the use of tizanidine HCL 4mg TID #90 with 3 refills was not met. The criteria for the use of tizanidine HCL 4mg #90 with 3 refills was not met. Therefore, the request was not medically necessary.

Omeprazole 20mg #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complication in high-risk patient and those with a history of gastrointestinal disease. The records indicate that the patient have a significant history of gastrointestinal conditions including a past gastric bypass surgery. The utilization of omeprazole was associated with symptomatic improvement of the gastrointestinal condition. The criteria for the use of omeprazole 20mg #60 with 3 refills were met. Therefore, the request was medically necessary.

Clonazepam 0.25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 378-388, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anti-anxiety and antidepressant medications can be utilized for the treatment of psychosomatic disorders associated with chronic pain syndrome. The chronic use of anxiolytics can be associated with the development of tolerance, dependency, addiction, daytime somnolence. Sedation and adverse interaction with other sedative medications. The guidelines recommend that the use of benzodiazepines be limited to short term periods to decrease the incidence of these complications. It is recommended that anti-depressants with anxiolytic and analgesic actions be utilized for chronic treatment of anxiety associated with chronic pain. The records indicate that the duration of utilization of clonazepam had exceeded the guidelines recommended limit of 4 to 6 weeks. The criteria for the use of clonazepam 0.025mg #60 was not met. Therefore, the request was not medically necessary.

Oxycodone HCL 15mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non-opioid co-analgesic and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with sedative medications. The records indicate that the patient had been utilizing high dose opioids and multiple sedative medications concurrently. The persistent of severe pain with limitation in function is indicative of tolerance and hyperalgesia state. The records indicate subjective complaints of persistent opioid induced adverse effects including chronic nausea and vomiting as well as constipation. The guidelines recommend that chronic pain patients with co-existing psychiatric disorders who are utilizing high dose opioids be referred to Pain Programs or Addiction centers for safe weaning. The criteria for the use of Oxycodone HCL 15mg #240 was not met. Therefore, the request was not medically necessary.

Trazodone 50mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 378-388, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anti-anxiety and antidepressant medications can be utilized for the treatment of psychosomatic disorders associated with chronic pain syndrome. Antidepressants medications are utilized for the treatment of depression, neuropathic pain, anxiety, chronic pain syndrome and insomnia. It is recommended that anti-depressants with anxiolytic and analgesic actions be utilized for chronic treatment of anxiety associated with chronic pain. The records indicate that the patient had subjective complaints of insomnia, anxiety and depression. The criteria for the use of trazodone 50mg #30 was met. Therefore, the request was medically necessary.