

Case Number:	CM13-0030729		
Date Assigned:	11/27/2013	Date of Injury:	08/25/1982
Decision Date:	08/26/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/30/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 67-year-old female with a reported date of injury on 08/25/1982. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with chronic back pain. She also reported vomiting and diarrhea when not receiving medications, with no episodes while being assessed by the physician. The injured worker has a history of multiple ER visits for the use of pain medications. The clinical documentation includes that the injured worker's pain does not radiate, is moderate, and the symptoms are aggravated by bending, and twisting in certain positions. In addition, the physician indicates the injured worker presented with normal range of motion and normal mood and affect. Previous physical therapy or other conservative care was not provided within the documentation available for review. The injured worker's diagnoses included cervical disc degeneration, herpes simplex, lumbosacral disc degenerative disease, lumbosacral neuritis, and tension headaches. The injured worker's medication regimen included Anusol, Cymbalta, Duragesic 50 mcg, Duragesic 75 mcg, Fioricet/Codeine, Lyrica, Percocet, Prempro, Prevacid, Rozerem, Skelaxin, Valium, and vitamin D. The Request for Authorization for refill for brand name only Duragesic 50, refill brand name only for Fioricet/Codeine 50/325/40, refill of brand name only Rozerem 8 mg, brand name only Duragesic 75, brand name only Lyrica 100 mg, refill of brand name only Valium 5 mg, refill of brand name only for Cymbalta 30 mg, and refill of vitamin D was submitted and signed, but not dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill for brand names only Duragesic-50mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system) & Opioids On-going Management Page(s): 44 & 78.

Decision rationale: The California MTUS Guidelines does not recommend Duragesic as a first-line therapy. Duragesic is a trade name of a Fentanyl transdermal therapeutic system, which releases Fentanyl, a potent opioid, slowly through the skin. In addition, the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment maybe indicated by the patient's decreased pain, increased level of function, or improved quality of life. The California MTUS Guidelines recommend the lowest dose possible should be prescribed to improve pain and function. The clinical information provided for review lacks documentation related to the injured worker's functional deficits, to include range of motion values and the use of a VAS pain scale. There is a lack of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, the request as submitted failed to provide for frequency and directions for use. Therefore, the request for refill for brand name only Duragesic-50mcg is not medically necessary.

Refill brand name only for Fioricet/Codeine 50/325/40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review indicates the injured worker has utilized Fioricet/Codeine prior to 2012. There is a lack of documentation related to the therapeutic and functional benefit in the continued use of Fioricet/Codeine. There was a lack of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for a refill brand name only for Fioricet/Codeine 50/325/40 is not medically necessary.

Refill of brand name only Rozerem 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Rozerem is a melatonin receptor agonist. The Official Disability guidelines recommend Rozerem for difficulty with sleep onset. One systemic review concluded that there is evidence to support the short-term and long-term use of Ramelteon (Rozerem); however, total sleep time has not been improved. The Official Disability Guidelines recommend Ramelteon for short-term (7 to 10 days) use only. According to the clinical documentation provided for review, the injured worker has utilized Rozerem prior to 2012. There is a lack of documentation of the long-term therapeutic benefit in the ongoing use of Rozerem. There is a lack of documentation related to the injured worker's sleep diary. The guidelines recommend Ramelteon for a short term course of therapy. In addition, the request as submitted failed to provide frequency or directions for use. Therefore, the request for refill of brand name only Rozerem 8 mg is not medically necessary.

Refill of brand name only Duragesic-75mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system) & Opioids On-going Management Page(s): 44 & 78.

Decision rationale: The California MTUS Guidelines does not recommend Duragesic as a first-line therapy. Duragesic is a trade name of a Fentanyl transdermal therapeutic system, which releases Fentanyl, a potent opioid, slowly through the skin. The ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment maybe indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the California MTUS Guidelines recommend the lowest dose possible should be prescribed to improve pain and function. The clinical information provided for review lacks documentation related to the injured worker's functional deficits, to include range of motion values and the use of a VAS pain scale. There is a lack of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, the request as submitted failed to provide for frequency and directions for use. Therefore, the request for refill for brand name only Duragesic-75mcg is not medically necessary.

Refill of brand name only Lyrica 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs: Lyrica Page(s): 19.

Decision rationale: The California MTUS Guidelines recommend Lyrica in the treatment of diabetic neuropathy and post-herpetic neuralgia. This medication is designated as a schedule IV controlled substance because of its causal relationship with euphoria. According to the clinical documentation provided for review, the injured worker has utilized Lyrica prior to 2012. There is a lack of documentation of the therapeutic and functional benefit in the ongoing use of Lyrica. In addition, the guidelines recommend Lyrica is effective in treatment of diabetic neuropathy and post-herpetic neuralgia. There is a lack of documentation related to the injured worker having diabetic neuropathy or post herpetic neuralgia. There is a lack of documentation related to the injured worker's functional deficits to include range of motion, sensory, or VAS pain scale. In addition, the request as submitted failed to provide for frequency and directions for use. Therefore, the request for refill of brand name only Lyrica 100 mg is not medically necessary.

Refill of brand name only of Valium 5mg: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines for long-term use, because long-term effectiveness is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. According to the documentation provided for review, the injured worker has utilized Valium prior to 2012. There is a lack of documentation related to the functional therapeutic benefit in the ongoing use of Valium. In addition, the guidelines do not recommend benzodiazepines for long-term use. Most guidelines limit use to 4 weeks. The request for ongoing use of Valium exceeds the recommended guidelines. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for refill of brand name only of Valium 5 mg is not medically necessary.

Refill of brand names only of Cymbalta 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43.

Decision rationale: The California MTUS Guidelines recommend Cymbalta as a first-line treatment option of neuropathic pain. Cymbalta has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. According to the documentation provided for review, the injured worker has utilized Cymbalta prior to 2012 and the injured worker utilizes

Cymbalta 30 mg twice a day. The guidelines state that the starting dose for Cymbalta is 20 mg to 60 mg per day, and no advantage has been found by increasing the dose to twice a day, except in fibromyalgia. The request as submitted fails to provide for frequency and directions for use. Therefore, the request for a refill of brand name only Cymbalta 30 mg is not medically necessary.

Refill of vitamin D: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Vitamin D (Cholecalciferol).

Decision rationale: The Official Disability Guidelines recommend physicians who care for patients with chronic and diffuse pain that seems musculoskeletal - involves many areas of tenderness to palpation - should consider checking vitamin D level. For example, many patients who have had been labeled with fibromyalgia may be suffering from symptomatic vitamin D inadequacy. There is also a correlation between inadequate vitamin D levels and the amount of narcotic medication taken by chronic pain patients. According to the clinical documentation provided for review, the injured worker has utilized vitamin D prior to 2012. There is a lack of documentation related to the injured worker's vitamin D level. In addition, the request as submitted failed to provide frequency, dosage, and directions for use. Therefore, the request for refill of vitamin D is not medically necessary.