

Case Number:	CM13-0032319		
Date Assigned:	12/11/2013	Date of Injury:	10/20/1998
Decision Date:	01/29/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and 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 physician 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 patient is a 60-year-old female who reported an injury on 10/20/98. The most current clinical report, dated 11/19/13, notes that the patient is having complaints of pain in her shoulders, neck, and the back of the head. When exacerbated, the patient stated that her pain gets up to a 7/10 on the VAS scale, and is reliability decreased with medications to a tolerable level of around a 2- 3/10. The physician noted that with the use of the medications, the patient is able to care for herself and her son. The patient has been utilizing several oral medications since at least May 2012 to help reduce her pain. She also reports that trigger point injections have reduced her pain by about 50%, which has enabled her to perform her activities of daily living, including dressing, grocery shopping, cooking, and cleaning, as well as taking care of her son, who has cystic fibrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for one prescription of Wellbutrin 450mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin® (Bupropion) Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Bupropion (Wellbutrin®).

Decision rationale: The California MTUS states that Wellbutrin is an atypical anti-depressant that acts as a norepinephrine-dopamine reuptake inhibitor. The Official Disability Guidelines state that Wellbutrin is recommended as a first line treatment option for major depressive disorder. As noted in the documentation, the patient has been treated since at least March 2013 for chronic head pain, as well as low back pain; these have evolved into complaints of depression and anxiety. In order to continue to benefit the patient with handling both her chronic depression and pain disorders, alongside taking care of a chronically ill family member, the request is considered appropriate for this patient.

The request for Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 95.

Decision rationale: The California MTUS guidelines state that patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal pain (hyperalgesia), a change in pain pattern, or persistent pain at higher levels than expected. These types of changes occur in spite of continued incremental dose increases of medication; opioids in this case actually increase rather than decrease sensitivity to noxious stimuli. It is important to note, then, that a decrease in opioid efficacy should not always be treated by increasing the dose; the situation may actually require weaning. The patient has been utilizing the medication Lorcet since at least 5/23/12, and the documentation has stated throughout that the patient is not receiving adequate pain control; nothing is documented that the oral medication Norco has had any significant decrease in the patient's overall pain. As such, the requested service cannot be deemed medically necessary at this time.

The request for Diazepam 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines for Pain (chronic).

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

Decision rationale: The California MTUS guidelines do not recommend the long-term use of benzodiazepines, as the long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to four weeks, as the range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Also, the tolerance to hypnotic effects develops rapidly, and tolerance to anxiolytic effects occurs within months in long-term use and may increase anxiety. As noted in the documentation, the patient has been taking Valium since at least 5/23/12.

Therefore, under the California MTUS guidelines, the continued use of benzodiazepines is not recommended.

The request for Duragesic 75mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic® (fentanyl transdermal system) Page(s): 44.

Decision rationale: The California MTUS guidelines state that Duragesic, otherwise known as fentanyl transdermal system, is not recommended as a first line therapy. Duragesic releases fentanyl, a potent opioid, slowly through the skin, and the patient has been taking fentanyl 75 mcg since at least May 2012; the documentation does not specify any significant improvement in the patient's pain while utilizing this medication. As such, due to the recommendations by the California MTUS, and due to a lack of documentation pertaining to this medication's efficacy, the request cannot be deemed medically necessary.

The request for Levothyroxine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Associate of Clinical Endocrinologists, Associazione Medici Endocrinologi, and European Thyroid Association medical guidelines for clinical practice for the diagnosis and management of thyroid nodules.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: The California MTUS/ACOEM and the Official Disability Guidelines do not address the use of Levothyroxine. Therefore, drugs.com has been referenced in this case. Drugs.com states that Levothyroxine is a replacement for a hormone normally produced by your thyroid gland to regulate the body's energy and metabolism. This medication has a common use for maintaining a patient's overall metabolic balance. Therefore, in the case of this patient it would be considered medically appropriate. The patient has been utilizing this medication in order to maintain her thyroid levels as per her physician's recommendations. Therefore, in the case of this patient, the continued use of Levothyroxine 100mg would be considered medically appropriate and is certified

The request for one greater and lower bilateral occipital nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines for the Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous regional sympathetic blocks (for RSD/CRPS, nerve blocks) Page(s): 55. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter: Greater occipital nerve block (GONB).

Decision rationale: Under the intravenous regional sympathetic blocks (for RSD/CRPS, nerve blocks) covered under California MTUS Guidelines, it states that this treatment is not recommended except when other treatments are contraindicated. The Official Disability Guidelines state that greater occipital nerve blocks (GONBs) are under study for the use in treatment of primary headaches. Also, studies on the use of greater occipital nerve blocks for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response to a short-term duration. The mechanism of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. It further states that recent studies have shown that a GONB is not effective for treatment of chronic tension headaches. The documentation does note that the patient has had a continuous complaint of chronic pain in regard to the shoulders, neck, and the back of the head, with her worse pain being around the base of the skull. However, in regard to the literature covering this form of treatment, the requested service cannot be warranted at this time.