

Case Number:	CM13-0044182		
Date Assigned:	12/27/2013	Date of Injury:	01/30/2004
Decision Date:	02/27/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/28/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient with a date of birth [REDACTED] and date of work injury 1/30/2004 had chronic pain. This review addresses the medical necessity of multiple medications, CBC, and a Chem panel.

MEDICAL RECORD SUMMARY: 9/13/13 PR2 Report -Multiple injury areas mood not the best. No SI NOSE Objective: BP 131/79 TTP Reflexes abnormal. UE/Cervical Diagnoses: Epicondylitis: elbow lateral. Cervical radiculitis. Carpal tunnel syndrome Myofascial pain, Sip multiple surgeries to BUE. Poor coping with chronic pain h.x SI. Plan: flu with [REDACTED]-. continue H wave. Transportation issues labs with [REDACTED]. Norco 10/325mg refilled .has refills of other meds -10/09/13 office note [REDACTED]; PR-2 Multiple injury areas no SI mood OK. Nose. ObjecUve: BP 124/71 TTP reflexes abnormal UE/Cervical. Diagnoses: Epicondylitis: elbow lateral. Cervical radiculitis. Carpal tunnel syndrome. Myofascial pains sip multiple surgeries to BUE. Poor coping with chronic pain History of SI. Plan: Does not want to flu with [REDACTED]-request transfer to another psychiatrist. continue H wave. Transportation issues did not do labs with [REDACTED]. Wrote script for: Norco 10/325mg. Zoloft 100 mgbid. Ccelebrex 200, Topamax 50 #60. Docuprene Lidopro ointment 121gm x 2. Permapent and Stationary. -10/09/13 office note [REDACTED]

Prescriptions: Docuprene 100 1-2/day #60 refill; Norco 10/325mg 2-3x/day #87. Zoloft 100mg 2x/day #60 refill x5. Celebrex 200mg 1-2/day #45 refill x2. Omeprazole daily #30 ref x2. Topamax 50mg 2 x/day refills x2 -10/09/13 office note [REDACTED]

[REDACTED] Form RFA requesting 1) transfer of care to illegible) psychiatrist. 2) Chem 6. CBC. Lidopro ointment 121mg. Other information: standard (illegible) for liver kidneys. -11/07/13 office note [REDACTED]; RFA On 10/22/there is a request for transfer of care to psychiatrist. Lidopro ointment 121mg. chem. 6 and CBC labs for the above referenced patient

5/30/13 office note. She has found that her mood has been deteriorating for approximately six weeks. Of note, [REDACTED] does have a past history of suicidal ideation. She is on a dose of Zoloft 100 mg p, o. bid; however, she may need to have this medication adjusted or another medication added. It is medically necessary that she have a psych medication evaluation and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

The requested treatment for Docuprene 100mg Qty 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Recommendations from consensus panel

Decision rationale: Docuprene 100mg, Qty 240.00 is not medically necessary per Chronic Pain Medical Treatment Guidelines. Guidelines state that prophylactic treatment of constipation should be initiated while on opioid therapy however the quantity requested would not be medically appropriate without closer monitoring. Per literature, "Stool softeners are safe and well tolerated, although docusates have been associated with an increased risk of hepatotoxicity by enhancing the liver's uptake of hepatotoxic drugs. Although stool softeners generally are used in combination with other therapies, no evidence suggests that this is an effective approach." ACOEM guidelines state, "The physician should discuss the efficacy of medication for the particular condition, its side effects, and any other relevant information with the patient to ensure proper use and, again, to manage expectations." The quantity 240 of Docuprene would be excessive and not medically appropriate as patient's condition should be managed more closely in conjunction with medical efficacy and proper use of this medication.

The requested treatment for Zoloft 100mg Qty 360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: Zoloft 100mg, Qty 360.00 is not medically necessary AS WRITTEN per Chronic Pain Medical Treatment Guidelines. Patient has been taking Zoloft. Patient has a history of suicidal ideations in the past per documentation. She is seeing [REDACTED]. There is documentation of her mood deteriorating. Per 5/30/13 documentation "She is on a dose of Zoloft 100 mg p.o. bid. however, she may need to have this medication adjusted or another medication added." The request for a quantity of 360 is not medically appropriate in a patient who may have

her medication adjusted/changed and needs closer follow up/monitoring with a mental health professional.

The requested treatment for Celebrex 200mg Qty 135.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 30, 70.

Decision rationale: Celebrex 200mg, Qty 135.00 is medically necessary per Chronic Pain Medical Treatment Guidelines. NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) are considered the first line for pain management in the appropriate patient. Patient has had normal documentation of blood pressure. Patient has a history of epicondylitis, Myofascial pain and chronic pain.

The requested treatment for Omeprazole 20mg Qty 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Prilosec

Decision rationale: Omeprazole 20mg, Qty 90.0. is not medically necessary per Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines. Omeprazole would be appropriate per Chronic Pain Medical Treatment Guidelines if the Zoloft (an SSRI) was approved as written elsewhere in this review. Per Chronic Pain Medical Treatment Guidelines, "Use of NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) and SSRIs: The concurrent use of SSRIs and NSAIDs is associated with moderate excess relative risk of serious upper GI (Gastrointestinal) events when compared to NSAIDs alone. This risk was higher for non-selective NSAIDs when compared to Cox-2 selective agents (adjusted odds ratio of 1.77 and 1.33, respectively). "Regarding the Celebrex and Omeprazole use this medication is not medically necessary as there is no history that patient meets Chronic Pain Medical Treatment Guideline criteria for a proton pump inhibitor including: (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. "Due to the fact that patient's SSRI medication was not medically necessary as quantity written elsewhere in this review the Omeprazole is deemed not medically necessary.

The requested treatment for Topamax 50mg Qty 180.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 21.

Decision rationale: Topamax 50mg, Qty 180.00 is not medically necessary per Chronic Pain Medical Treatment Guidelines. Per guidelines, "Topiramate (Topamax[®], no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." There is no clear documentation that patient has had a "good response" to Topamax and no documentation of improvement in function or documentation of side effects. Therefore Topamax is not medically necessary.

The request for Transfer Psychiatric care to another provider Qty 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80,81.

Decision rationale: Transfer Psychiatric care to another provider, Qty 1.00: is not medically necessary per Chronic Pain Medical Treatment Guidelines. There is no documentation submitted that current psychiatric provider is providing inappropriate expert medical recommendations or supportive care.

The request for CBC (complete blood count) Qty 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: CBC (complete blood count) Qty 1.00 is medically necessary per Chronic Pain Medical Treatment Guidelines as package insert for NSAIDS (Non-Steroidal Anti-

Inflammatory Drugs) recommends periodic lab monitoring including CBC. Patient is on Celebrex and therefore a CBC is medically appropriate.

The request for Chem 6 Qty 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: Chem 6 Qty 1.00 is medically necessary per Chronic Pain Medical Treatment Guidelines. Patient is on Celebrex and package insert recommends monitoring of chemistry profile of patients on NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).