

Case Number:	CM13-0045669		
Date Assigned:	12/27/2013	Date of Injury:	05/14/2001
Decision Date:	03/05/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/25/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 61 year old female who sustained a fall at work and suffered multiple injuries on 5/14/2001. As per progress reports she suffered multiple neck injuries, bilateral Hip injuries, physical/mental injuries, multiple head injury, upper and lower back injuries. Presently, the patient is medically retired. Reviewing all the progress reports available indicates that she has had multiple SI Injections, [REDACTED] but the positive effects lasted only for 2-3 months. She has shown much improvement, since her accident on 5/14/2001 overall. The patient most recently (9/18/13) presented stated that Neurontin was helpful when tried to decrease; continues medications as directed; minimizes medications; no major changes in health.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20mg #30 for tapering: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs, pages 15-16 Page(s): 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter

Decision rationale: With respect to Cymbalta, CA-MTUS guidelines states that duloxetine is recommended as a first-line option for diabetic neuropathy. ODG guidelines stated that no high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. The FDA approved duloxetine HCl delayed-release capsules for the once-daily treatment of chronic musculoskeletal pain. Tricyclics are generally considered a first-line agent unless they are ineffective; poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Since there is no documentation of trial of tricyclics, the request for Cymbalta 20mg is not medically necessary.

Nexium 40mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, page 68 Page(s): 68.

Decision rationale: The requested 240 Nexium 40mg is a proton-pump inhibitor (PPI) which can be used as a co-treatment of patients on NSAID therapy who are at risk of gastro-intestinal bleeding. There is no clear documentation of GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Therefore the request for Nexium 40mg is not medically necessary.

Mirtazapine 15mg #300: 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 Antidepressants, page 13 Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter

Decision rationale: CA -MTUS is mute about Remeron (mirtazapine) which is a tetracyclic antidepressant. Although antidepressants are known to provide additional neuropathic pain relief, multiple antidepressants used simultaneously do not necessarily provide additional synergistic analgesia and in fact, propensity for side effects increases significantly. The guidelines are not supportive of two antidepressants and the patient was effectively receiving Cymbalta, which is also an effective antidepressant and sedative. Therefore the request for mirtazapine 15 mg is not medically necessary.

A bilateral lumbar rhizotomy/SI injection provided on 6/15/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 611.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, SI joint Neurotomy and a guideline titled Sacroiliac Joint Arthroscopy and Injection, from the BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.23, 2/1/10

Decision rationale: Sacroiliac joint injections are not recommended for treatment of acute low back pain including low back pain thought to be sacroiliac joint related; subacute or chronic non-specific low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease); or any radicular pain syndrome. The treating provider indicated that previous Sacroiliac joint injections RFA gave at least 70% improvement. The last procedure gave her 60-70% pain relief and the two procedures have given her 70% pain improvement. (1st procedure: RFA). She reported functional improvement and 20% decrease in medication use. However the reporting provided did not indicate how long the pain relief lasted. Therefore, the request is not medically necessary.

Tylenol number 4 with codeine #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 76-77 Page(s): 76-77.

Decision rationale: The guidelines state that opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Therefore the request for 200 Tylenol with codeine #4 is not medically necessary.

Restoril 15mg #60: Upheld

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

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

Decision rationale: The guideline does not support a long term use of this medication. Most guideline limits are 4 weeks. The guideline does not recommend this medication as the first line treatment in patients with chronic pain. CA-MTUS guideline recommended antidepressants as the most appropriate treatment for anxiety. Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. Therefore

this request for Restoril 2mg is not medically necessary, since there is no documentation of specific need and the efficacy of previous treatment.

Remeron 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, page 13 Page(s): 13.

Decision rationale: Remeron is the trade name for mirtazapine which is non-certified as above due to possible adverse side effects.

Neurontin 400mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, pages 18-19 Page(s): 18-19.

Decision rationale: Neurontin (Gabapentin) 400mg is an anti-epileptic drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Records provided show she has been using this medication since January of 2013 and there has not been any significant functional improvements reported with the extended use. The guideline supports the use of gabapentin only if there is evidence of functional improvements being made. Therefore the request for Neurontin 400mg is not medically necessary.

Divalproex 25mg #90: 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 an article from the National Headache Foundation- Depakote® for Migraine Headache.

Decision rationale: This medication is primarily an anti convulsant. Both ODG and CA-MTUS are silent about its use in chronic pain. It is being experimented for treatment of Migraine in combination of Botulinium toxin. The diagnosis of Migraine is not confirmed and the use of this medication is not justified. Therefore, the request for Depakote is not medically necessary.

Imitrex 100mg: 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 an article from the National Headache Foundation: Imitrex - Sumatriptan

Decision rationale: Imitrex is a drug used for migraine. Although the diagnosis is mentioned once in the note provided but the diagnosis is not confirmed. The medical necessity is not justified anywhere in the notes.

Promethazine: 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 an article from Medline Plus

Decision rationale: This medication is used to treat nausea and vomiting that may occur while using opioids. There was no documentaion that the patient complained about nausea and vomiting associated with the use of opioids. Therefore the request for Promethazine is not medically necessary.

Hydroxyzine 50mg: 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 an article from Medline Plus

Decision rationale: There is no (clear) documentation of anxiety and tension associated with psychoneurosis and adjunct in organic disease states in which anxiety is manifested according to the medical report provided. Therefore the prescription of hydroxyzine is not medically necessary.