

Case Number:	CM13-0048668		
Date Assigned:	12/27/2013	Date of Injury:	05/20/2010
Decision Date:	05/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/06/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 28, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; medical marijuana; opioid agents; occipital nerve blocks; cervical radiofrequency ablation procedures; and extensive periods of time off of work. In a Utilization Review Report of October 28, 2013, the claims administrator approved a request for Maxalt, denied a request for Rozerem, denied request for Flexeril, denied request for Lidoderm patches, denied request for Inderal, and denied request for Celebrex. The applicant's attorney subsequently appealed. In a September 25, 2012 progress note, the applicant is described as not working. The applicant was on Maxalt, Neurontin, senna, Colace, MiraLax, Skelaxin, Celebrex, Cymbalta, Topamax, Lidoderm, Percocet, and Silenor as of that point in time. The applicant was described as largely unimproved as of that point in time. On January 11, 2013, the applicant was described as having reportedly severe, debilitating headaches with poor quality of sleep. The applicant is asked to increase Topamax and continue Cymbalta at that point. On March 12, 2013, the applicant was asked to try Inderal for migraine headache prophylaxis. In a progress note of August 6, 2013, the applicant is described as having persistent 9/10 pain. Her quality of sleep is poor. Her activity level is unchanged. She denies any new problems or side effects. She is on Maxalt, senna, Celebrex, Cymbalta, Lidoderm, Flexeril, Silenor, Topamax, Cymbalta, Inderal, oxycodone, and lidocaine. She is having issues with depression, fatigue, poor energy levels, and poor sleep. The applicant states that usage of Maxalt is preventing ED visits for migraine headaches while Topamax and Inderal reportedly diminishing the intensity of her headaches. Cymbalta is helping with her mood and pain. The

applicant states that oxycodone helps her to care for her children and that Celebrex reduces her overall level of pain from 8/10 to 2/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROZEREM 8MG, 30 COUNT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug Reference (PDR), Rozerem Medication Guide

Decision rationale: The MTUS does not address the topic. As noted in the Physicians' Drug Reference (PDR), Rozerem is indicated in the treatment of insomnia characterized by difficulty with sleep onset. The PDR goes on to note that failure of insomnia to remit after seven to ten days of therapy may indicate presence of underlying psychiatric issues. In this case, the applicant in fact has underlying depressive symptoms. Rozerem has failed to ameliorate the applicant's issues with insomnia. The request for Rozerem 8 mg, 30 count, is not medically necessary or appropriate.

OXYCODONE 15MG, 84 COUNT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, while the applicant has not returned to work, the attending provider has seemingly posited that ongoing usage of oxycodone, an opioid, is generating appropriate analgesia with drops in pain scores from 8/10 to 4/10 as a result of ongoing oxycodone usage. The applicant states that usage of oxycodone facilitates her ability to care for her children, perform household chores, and perform other activities of daily living. Continuing the same, on balance, is therefore indicated as two of the three criteria set forth in the Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly been met. The request for Oxycodone 15 mg, 84 count, is medically necessary and appropriate.

FLEXERIL 10MG, 60 COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic, adjuvant, and psychotropic medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. The request for Flexeril 10 mg, 60 count, is not medically necessary or appropriate.

LIDODERM 5% PATCH, 30 COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, topical lidocaine or Lidoderm is indicated in the treatment of localized peripheral pain (AKA neuropathic pain) in individuals in whom there has been a trial of first-line antidepressants and/or anticonvulsants. In this case, however, the applicant is using an antidepressant, Cymbalta, and an anticonvulsant medication, Topamax, with reportedly good effect effectively obviating the need for Lidoderm patches. The request for Lidoderm 5% patch, 30 count, is not medically necessary or appropriate.

INDERAL LA 80MG, 60 COUNT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Drug Reference (PDR), Inderal Medication Guide

Decision rationale: The MTUS does not address the topic. As noted in the Physicians' Drug Reference (PDR), Inderal or propranolol can be employed both for hypertension and for prophylaxis of migraine headaches. In this case, the applicant is reportedly having ongoing issues with migraine headaches. The attending provider has posited that ongoing usage of Inderal has been successful in ameliorating and/or reducing the frequency of the same. The request for Inderal LA 80 mg, 60 count, is medically necessary and appropriate.

CELEBREX 200MG, 60 COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

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

Decision rationale: While the Chronic Pain Medical Treatment Guidelines does state that COX-2 inhibitors such as Celebrex can be employed in applicants with a history of GI complications, the MTUS goes on to state that COX-2 inhibitors such as Celebrex are not indicated for the vast majority of applicants. In this case, the attending provider has not clearly established the presence of any issues with GI complications or GI side effects which would support usage of Celebrex over other, first-line NSAIDs. The request for Celebrex 200 mg, 60 count, is not medically necessary or appropriate.