

Case Number:	CM13-0050094		
Date Assigned:	12/27/2013	Date of Injury:	01/01/2006
Decision Date:	07/29/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/09/2013

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 Geriatrics and is licensed to practice in New York. 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 60 year old woman with a date of injury of 1/1/06. She was seen by her physician on 9/27/13 with complaints of low back pain, increased since last visit. She was said to have no new problems or side effects and her sleep was poor. Her physical exam showed a slow wide-based gait with no assistive device. Lumbar range of motion was restricted and she had paravertebral muscle spasm, tenderness with a tight muscle band on both sides. She had positive lumbar facet loading with negative straight leg raises. Her diagnoses were spinal/lumbar degenerative disc disease, low back pain, post-laminectomy syndrome and depression with anxiety. The plan was to continue her medications which included Norco, muscle relaxants and several other that were prescribed for the following indications which are at issue in this review: Aciphex (GI upset), Hytrin (sweating secondary to pain meds), Silenor (sleep disturbance), Topamax (migraines) and Inderal (migraines). The length of prior therapy is not detailed in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDERAL 80MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Propranolol drug information and preventive treatment of migraines in adults.

Decision rationale: Propranolol (Inderal) is a beta- blocker prescribed for such conditions as hypertension, angina and migraine headache prophylaxis. A 2012 guideline from the American Academy of Neurology concluded beta blockers are effective for migraine prevention. The records do not document the frequency of prior migraines or efficacy of this medication or why the injured worker requires Inderal, Imitrex and Topamax, all for migraines. The records do not provide justification for medical necessity for propranolol. As such, the request is not medically necessary and appropriate.

TOPAMAX 50MG #120: 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 Other Medical Treatment Guideline or Medical Evidence: Uptodate: Topamax drug information and preventive treatment of migraines in adults.

Decision rationale: Topamax may be used in migraine headache prophylaxis. A 2012 guideline from the American Academy of Neurology concluded beta blockers are as effective for migraine prevention. The records do not document the frequency of prior migraines or efficacy of this medication or why she requires inderal, imitrex and topamax, all for migraines. The records do not provide justification for medical necessity for topamax.

SILENOR 3MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 page(s) 14 Page(s): 14. Decision based on Non-MTUS Citation Uptodate: treatment of insomnia.

Decision rationale: Doxepin is a tricyclic antidepressant which is used as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause or worsen the problem and receive general behavioral suggestions, particularly advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. The injured worker's sleep pattern, hygiene, or level of insomnia is not addressed. The documentation does not support the medical necessity for doxepin. As such, the request is not medically necessary and appropriate.

HYTRIN 1 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: drug information terazocin.

Decision rationale: Hytrin or terazocin is an alpha-blocker used in hypertension or benign prostatic hypertrophy. It is being used for sweating which is a side effect of her other medications. The medical justification for adding another medication to treat the side effects of several opioids is not substantiated in the records. As such, the request is not medically necessary and appropriate.

ACIPHEX 20MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, page(s) 68-69 Page(s): 68-69.

Decision rationale: Aciphex is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 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). In the case of this injured worker, she is not taking a NSAID and her age is less than 60 years. The records do not support that she is at high risk of gastrointestinal events to justify the medical necessity of Aciphex. As such, the request is not medically necessary and appropriate.