

Case Number:	CM13-0065446		
Date Assigned:	01/03/2014	Date of Injury:	02/23/2000
Decision Date:	05/27/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 patient is a 56-year-old male who reported an injury on 02/23/2000. The mechanism of injury was not stated. The patient is currently diagnosed as status post industrial injury to the lumbar spine with spinal cord injury and full paralysis of the lower extremities, status post 2001 spinal surgery, chronic pain, trigeminal neuralgia, and lumbar disc bulge. The patient was seen by [REDACTED] on 10/15/2013. The patient reported lower back stiffness, hip pain, upper back pain, and numbness and weakness in bilateral lower extremities. Physical examination revealed paralysis of bilateral lower extremities, decreased sensation in bilateral lower extremities, and negative strength. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 600MG QTY 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin 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. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain, stiffness, numbness, and weakness. Satisfactory response to treatment has not been indicated. Therefore, continuation of this medication cannot be determined as medically appropriate. Therefore, the request for Neurontin 600mg qty 180 is not medically necessary and appropriate.

PHENERGAN 25MG QTY 30: 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 Official Disability Guidelines (ODG) Chronic Pain Chapter, Antiemetic.

Decision rationale: The Official Disability Guidelines state Phenergan is recommended as a sedative and antiemetic in preoperative and postoperative conditions. The patient does not appear to meet criteria for the requested medication. As such, the request for Phenergan 25mg qty 30 is not medically necessary and appropriate.

SENNA-DOCUSATE QTY 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Veterans Health Administration, Department of Defense, Va/DoD clinical practice guideline, Opioid Therapy, Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. The Official Disability Guidelines state opioid induced constipation treatment is recommended. First line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, the patient has continuously utilized this medication. However, there is no documentation of chronic constipation or gastrointestinal complaints. There is also no evidence of a failure to respond to first line treatment. Based on the clinical information received, the request for Senna-docusate qty 120 is not medically necessary and appropriate.

CELEBREX 200MG QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is used for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The patient does not maintain any of the above-mentioned diagnoses. Additionally, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Satisfactory response to treatment has not been indicated. Therefore, the request for Celebrex 200mg qty 30 is not medically necessary and appropriate.

MIRTAZAPINE 30MG QTY 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient has continuously reported persistent pain, stiffness, numbness, and weakness. The medical necessity for ongoing use of this medication has not been established. It is also noted that the patient is currently utilizing several antidepressants. Based on the clinical information received, the request for Mirtazapine 30mg qty 30 is not medically necessary and appropriate.

Cymbalta 60mg qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient has continuously reported persistent pain, stiffness, numbness, and weakness. The medical necessity for ongoing use of this medication has not been established. It is also noted that the patient is currently utilizing several antidepressants. Based

on the clinical information received, the request for Cymbalta 60mg qty 30 is not medically necessary and appropriate.

DURAGESIC 60MCG QTY 15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44 and 74-82.

Decision rationale: The California MTUS Guidelines state Duragesic is not recommended as a first line therapy. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Satisfactory response to treatment has not been indicated. Therefore, the request for Duragesic 60mcg qty 15 is not medically necessary and appropriate.

FAMOTIDINE 40MG QTY 60: 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 Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request for Famotidine 40mg qty 60 is not medically necessary and appropriate.

OLANZAPINE 2.5 MG QTY 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 (ODG) Mental Illness & Stress Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Atypical Antipsychotic.

Decision rationale: The Official Disability Guidelines state atypical antipsychotics are not recommended as a first line treatment. As per the documentation submitted, the patient does not

report any psychiatric symptoms. Psychological examination revealed an appropriate mood and affect. Based on the clinical information received, the request for Olanzapine 2.5 mg qty 30 is not medically necessary and appropriate.

BACLOFEN 10MG QTY 90: Upheld

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

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic pain. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain and stiffness. Satisfactory response to treatment has not been indicated. As Guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request for Baclofen 10mg qty 90 is not medically necessary and appropriate.

ALPRAZOLAM 1MG QTY 60: Upheld

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

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

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. As per the documentation submitted, the patient does not report any psychiatric symptoms. The patient has continuously utilized this medication. Guidelines do not recommend long-term use of this medication. Therefore, the request for Alprazolam 1mg qty 60 is not medically necessary and appropriate.

MODAFINIL 200MG QTY 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a602016.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Modafinil (Provigil®).

Decision rationale: The Official Disability Guidelines state modafinil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. As per the documentation submitted, the patient has continuously utilized this medication. The medical necessity for the ongoing use has not been established. There is no documentation of an attempt to reduce excessive narcotic prescribing. Based on the clinical information received, the request for Modafinil 200mg qty 30 is not medically necessary and appropriate.

TRAZODONE 50MG QTY 30:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient has continuously reported persistent pain, stiffness, numbness, and weakness. The medical necessity for ongoing use of this medication has not been established. It is also noted that the patient is currently utilizing several antidepressants. Based on the clinical information received, the request for Trazodone 50mg qty 30 not medically necessary and appropriate.