

Case Number:	CM13-0071241		
Date Assigned:	01/08/2014	Date of Injury:	05/30/2002
Decision Date:	06/13/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/26/2013

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 patient is a 47-year-old female who was injured on 05/30/2002. The mechanism of injury is unknown. She sustained a work-related injury to her neck, bilateral shoulder, low back, mid back, right knee and upper and lower extremities. The patient underwent a thoracic epidural injection at T7-T8 and T8-T9 on the left side on Mary 21, 2013. She also underwent a right carpal tunnel release, right elbow epicondylectomy with ulnar nerve decompression, right knee surgery x3 and a L4-L5, L5-S1 transforaminal bilateral injection on 04/02/2013. The patient's medications as of 01/02/2013 include Prilosec, Soma, Cymbalta, Klonopin, Vicoprofen, Phenergan, Rozerem, Fioricet, Lidoderm patch, and Simvastatin. Urine drug screen dated 04/24/2013 tested positive for 7-Aminoclonazepam and acetaminophen. On clinic note dated 11/04/2013, the patient reports that there are no significant changes in her pain in the right forearm and hand. Also, the patient is here with complaints of pain and discomfort of mid to lower back that radiates to her right buttocks, thigh, into her feet/toes. She is not certain if the right leg pain is radiating from the lower back or caused by her right knee pain. She states prolonged walking and standing worsen her pain. The patient is depressed and anxious. She noted on the "Patient Comfort Assessment Guide" that her pain levels interfered with her general activities of daily living which she rates at 10/10; mood is 10/10; normal work is 10/10; sleep is 10/10; enjoyment of life is 10/10; ability to concentrate is 10/10; and relations with other people is 10/10. Objective findings on exam revealed she is unable to perform heel-toe walk. She has a loss of lumbar lordosis. There is tenderness to palpation of the lumbar spine with restricted and painful range of motion of the lumbar spine. She has pain on extension and flexion movements of the thoracic spine. There is tenderness to palpation and restricted range of motion of the thoracic spine. She has decreased sensation to light touch of the lumbar spine. Bilateral hip and knee pain with reduced/painful movement. She also has a depressed affect and mood. The

diagnoses are cervical spine sprain/strain syndrome; chronic residual symptoms, left shoulder, possible impingement; status post right carpal tunnel release; status post right elbow epicondylectomy with ulnar nerve decompression; lumbar sprain/strain syndrome; lumbar disc herniation/protrusion; lumbar facet arthropathy; thoracic radiculopathy; thoracic sprain/strain; status post right knee surgery times three, residual pain; acute gastritis; acute bilateral hip and knee pain; depression/anxiety; and insomnia. The patient is prescribed the following medications: Prilosec 20 mg #60 for gastrointestinal symptoms; Soma 350 mg #120 for muscle spasms; Cymbalta 60 mg #60 for depression; Klonopin 2 mg #90 for anxiety; Vicoprofen 7.5/200 #150 for pain relief; Phenergan 25 mg #120; Rozerem 8 mg #30; Fioricet #90 and Lidoderm patch 5% #60 two patches 12 hours on and 12 hours off.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #60 WITH 5 REFILLS: 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), Proton pump inhibitors.

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

Decision rationale: The medical records reviewed do not document any gastrointestinal complaints. The CA MTUS guidelines state medications such as Prilosec may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., NSAID + low-dose ASA). However, while the diagnosis of gastritis is listed, no details are provided. Furthermore, the patient is not taking an NSAID according to the provided records. The medical necessity is not established. As such, the request is not certified.

SOMA 350MG #120 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Carisoprodol (Soma[®]),. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Carisoprodol (Soma[®]), Page(s): 29.

Decision rationale: According to the CA MTUS and Official Disability Guidelines (ODG), Carisoprodol (Soma[®]) is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been

noted for sedative and relaxant effects. There is no evidence of muscle spasms on examination. Regardless, Soma is not recommended under the guidelines. Furthermore, chronic and ongoing use of muscle relaxants is not supported by the medical literature and is not recommended under the guidelines. The medical necessity is not established. As such, the request is not certified.

CYMBALTA 60MG #60 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antidepressants for chronic pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Specific Antidepressants, Page(s): 15-16.

Decision rationale: As per CA MTUS guidelines, selective serotonin and norepinephrine reuptake inhibitor (SNRIs), such as Duloxetine, is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy. According to the guidelines, Cymbalta is Food and Drug Administration (FDA)-approved for anxiety, depression, diabetic neuropathy and fibromyalgia. A review of the medical records does not reveal objective findings and observations that support she has any of these diagnoses other than a listed diagnosis of depression. There is no high quality evidence to support the use of this medication for other conditions. Furthermore, the medical records do not establish the patient has benefited with use of this medication. There is no document improvement in pain and function or quality of life. There is no documentation in improvement of depressive symptoms. The medical necessity is not established. As such, the request is not certified.

KLONOPIN 2MG #90 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Clonazepam.

Decision rationale: According Official Disability Guidelines (ODG), Klonopin is not recommended. The CA MTUS states benzodiazepines are not recommended for long-term use because efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. If anxiety diagnosis were clinically established, the appropriate medication would be an anti-depressant. Furthermore, the medical records do not establish the patient has benefited with use of this medication. There is no documented improvement in pain, function or quality of life. The medical necessity is not established. As such, the request is not certified.

VICOPROFEN 7.5/200 #150 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioid use for chronic pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, specific drug list; Opioids Page(s): 92, 80.

Decision rationale: According to the CA MTUS, Hydrocodone/Ibuprofen (Vicoprofen®; generic available): 7.5mg/200mg, it is recommended for short term use only (generally less than 10 days). Chronic use of Vicoprofen is not recommended. Furthermore, the medical records do not establish the patient has benefited with use of this medication. There is no documented improvement in pain, function or quality of life. The guidelines state opioids can be continued if the patient has returned to work and if the patient has improved functioning and pain, neither of which has been demonstrated in this case. The medical necessity of Vicoprofen is not established. As such, the request is not certified.

PHENERGAN 25MG #120 WITH 5 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug consult, Promethazine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Promethazine (Phenergan®); Antiemetics (for opioid nausea).

Decision rationale: The CA MTUS do not discuss the issue; hence the Official Disability Guidelines (ODG) has been consulted. According to the ODG, Phenergan is not recommended for nausea and vomiting secondary to chronic opioid use. Promethazine (Phenergan®) is drug is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dyskinesia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Choreoathetoid movements of the extremities can also occur. Development appears to be associated with prolonged treatment and in some cases can be irreversible. The medical records do not indicate the medication has been prescribed for its intended purpose. Chronic use of this medication is not appropriate, and prolonged use can cause several significant side effects. The medical necessity is not established. As such, the request is not certified.

ROZEREM 8MG #30 WITH 5 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug consult, Rozerem.

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

Decision rationale: The CA MTUS do not discuss the issue in dispute; hence the Official Disability Guidelines (ODG) has been consulted. According to the ODG, Ramelteon (Rozerem®) is a selective melatonin agonist (MT1 and MT2) indicated for difficulty with sleep onset; is nonscheduled (has been shown to have no abuse potential). Rozerem is only recommended for short-term (7 - 10 days) use only. A review the medical records indicate chronic use of prescription sleep aids and sedatives. In addition, the medical report does not appear to document subjective complaints with correlating clinical findings or observations as to establish a diagnosis of active insomnia. Furthermore, there is no documentation of improvement secondary to use of this medication. The medical necessity is not established. As such, the request is not certified.

LIDODERM 5% PATCH #60 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Lidoderm® (lidocaine patch),Section Topical Analgesics Page(s): 56, 111-113.

Decision rationale: The MTUS guidelines state topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only Food and Drug Administration (FDA) approved for post-herpetic neuralgia. The medical records do not establish this patient has an active neuropathy. The complaints and physical examination findings do not clearly indicate radiculopathy. Corroborative diagnostic studies are not provided. Failure of a trial of oral medications is not documented. Benefit from use of Lidoderm is not established. The medical necessity is not established. As such, the request is not certified.

FIORICET #90 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Fioricet, Barbiturate-containing analgesic agents (BCAs) Page(s): 47, 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Barbiturate-containing analgesic agents (BCAs).

Decision rationale: According to the CA MTUS and Official Disability Guidelines (ODG), Barbiturate-containing analgesic agents (BCAs), such as Fioricet, are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. If clinically established diagnosis of acute headache existed in this case, other, more appropriate options are

available. Functional benefit due to use of this medication is not documented. The medical necessity is not established. As such, the request is not certified.