

Case Number:	CM13-0072761		
Date Assigned:	01/10/2014	Date of Injury:	03/24/2008
Decision Date:	06/13/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	12/31/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 65 year old female injured on 03/24/08 due to an undisclosed mechanism of injury. The documentation indicates the current diagnoses to include status post L3-4 and L4-5 laminectomy and discectomy in 2009 with residual left leg radiculopathy, L1-2 disc protrusion/extrusion, reactive depression, history of gastroesophageal reflux disease, hyperparathyroidism/parathyroidadenoma, hypothyroidism, hypertension, and obesity, possible diabetes, status post right elbow dislocation and possible evulsion fracture status post closed reduction in December of 2012, and cervical facet syndrome. The clinical note dated 11/25/13 indicates the injured worker presented with complaints of continued low back, right lower extremity, and right elbow pain. The documentation indicates the injured worker was participating in physical therapy for the right elbow which was helpful. Medications at that time included Cyclobenzaprine 7.5mg BID, Pantoprazole 20mg BID, Percocet 7.5/325mg QID, Naproxen 550mg BID, Celexa 30mg QD. The injured worker reports her pain at 5-8/10. Physical examination reveals antalgic gait with the use of a cane, full flexion/extension of the right elbow as well as pronation and supination, 5/5 strength in the bilateral lower extremities with decreased sensation in the left calf, PHQ-9 score is 17/30 indicating moderate depression. Plan of care includes continuing current medication regimen and provide a prescription for Pantoprazole 40mg QD, Voltaren gel, Percocet QID, Celexa 30mg QD, and continue physical therapy as directed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXYEN 550MG 1X3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Naproxen 550MG cannot be established as medically necessary.

PANTOPRAZOLE 20MG 1X3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk..

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

Decision rationale: As noted in the Official Disability Guidelines, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The clinical documentation indicates the injured worker has a long-standing history of GERD with concurrent use of NSAIDs and narcotic medications. As such, the request for Pantoprazole 20MG is recommended as medically necessary.

CYCLOBENZAPRINE 7.5MG 1X3: Upheld

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

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

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks)

treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, there is no subsequent documentation regarding the benefits associated with the use of cyclobenzaprine following initiation. As such, the medical necessity of Cyclobenzaprine 7.5MG cannot be established at this time.

VOLTAREN GEL 1X3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Voltaren® Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. As such, the request for Voltaren Gel cannot be recommended as medically necessary at this time.

PERCOCET 7.5/325MG 1X3: Upheld

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

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

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Percocet 7.5/325MG cannot be established at this time.

CELEXA 30MG 1X3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs, Page(s): 107.

Decision rationale: As noted on page 107 of the Chronic Pain Medical Treatment Guidelines, SSRIs are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. The documentation indicates the injured worker has a history of depression; however, there is no indication of symptoms associated with the diagnosis. Additionally, there is no indication the injured worker has had the appropriate psychiatric evaluation performed to determine appropriate medication regimen. As such, the request for Celexa 30MG cannot be recommended as medically necessary.