

Case Number:	CM14-0003842		
Date Assigned:	02/05/2014	Date of Injury:	01/04/1995
Decision Date:	07/23/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/10/2014

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 Rehabilitation 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 injured worker is a 66 year old female who reported an injury on 01/04/1995 secondary to unknown mechanism of injury. The injured worker was evaluated on 10/22/2013 for reports of migraines, arm, and neck and shoulder pain bilaterally. The injured worker rated her pain at 5/10 on a pain scale with medications. The exam noted abnormal shoulder range of motion, abnormal lumbosacral range of motion with tenderness to palpation, abnormal hip range of motion, and tenderness on palpation to the leg. The exam also noted euthymic and depressed mood. The diagnoses included fibromyalgia, migraine headaches, depression and bilateral shoulder pain. The treatment plan included continued medication therapy. The request for authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco 10/325 mg is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured workers pain level, functional status, evaluation of risk for aberrant drug use behavior and side effects. Furthermore, the request does not indicate the total number of tablets requested. Therefore, based on the documentation provided, the request is not medically necessary.

CLONAZEPAM 1 MG: Upheld

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

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

Decision rationale: The request for Clonazepam 1 mg is not medically necessary. The California MTUS Guidelines does not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker has been prescribed Alprazolam since at least 07/31/2013. This period exceeds the amount of time recommended. The efficacy of the medication was unclear within the medical records. Furthermore, the request does not indicate the total number of tablets requested. Therefore, based on the documentation provided, the request is not medically necessary.

CYMBALTA 60 MG: Upheld

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

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

Decision rationale: The request for Cymbalta 60 mg is not medically necessary. The California MTUS Guidelines recommend the use of Cymbalta for anxiety, depression, diabetic neuropathy, and fibromyalgia. They also recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. There is a lack of significant evidence of an objective assessment of the injured workers pain level and the efficacy of the medication. There is also a lack of evidence of the treatment plan concerning the antidepressant therapy. Furthermore, the request does not indicate the total number of tablets requested. Therefore, the request is not medically necessary.

TRAZODONE 50 MG: Upheld

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

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

Decision rationale: The request for Trazodone 50 mg is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. There is a lack of significant evidence of an objective assessment of the injured workers pain level and the efficacy of the medication. There is also a lack of evidence of the treatment plan concerning the antidepressant therapy. Furthermore, the request does not indicate the total number of tablets requested. Therefore, the request is not medically necessary.

LYRICA 150 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

Decision rationale: The request for Lyrica 150 mg is not medically necessary. The California MTUS Guidelines state that Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. There is a significant lack of evidence of an objective assessment of the injured workers pain level and the efficacy of the medication. Furthermore, the request does not indicate the total number of tablets requested. Therefore, the request is not medically necessary.

IBUPROFEN 800 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67-73.

Decision rationale: The request for ibuprofen 800 mg is not medically necessary. The California MTUS Guidelines state the use of NSAIDs is recommended as an option for short-term symptomatic relief of back pain. The injured worker has also been prescribed an NSAID since at least 07/31/2013. This exceeds the period to be considered short-term. There is a lack of

significant evidence of an objective assessment of the injured workers pain level and efficacy of the medication. Furthermore, the request does not indicate the total number of tablets requested. Therefore, based on the documentation provided, the request is not medically necessary.

OMEPRAZOLE 40 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs (NSAIDS) Page(s): 68.

Decision rationale: The request for Omeprazole 40 mg is not medically necessary. The California MTUS Guidelines recommend the use of proton pump inhibitors when the patient is at intermediate risk for gastrointestinal events and on NSAIDs. The injured worker is on NSAIDs; however, there is a lack of evidence in the documentation provided of a risk for gastrointestinal events and the request for ibuprofen has been non-certified. There is a lack of significant evidence of an objective assessment of the injured workers pain level and efficacy of the medication. Furthermore, the request does not indicate the total number of tablets requested. Therefore, the request is not medically necessary.