

Case Number:	CM14-0101794		
Date Assigned:	09/19/2014	Date of Injury:	05/15/1994
Decision Date:	10/24/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/01/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 59-year-old female who reported an injury on 05/15/1994, reportedly injuring her back when she fell on the tile floor, landing on her back. The injured worker's treatment history included medications and drug screen the injured worker had a urine drug screen on 03/20/2014 and it was positive for opioid usage. However, it was negative for benzodiazepines. The injured worker was evaluated on 04/18/2014 and it was documented that the complained of moderate to severe pain that was worsening in her low back. It was noted her medications reduced her pain medication. She complained of severe neck pain. She described her neck pain as burning, sharp, and throbbing. Associated symptoms included numbness, tingling, and weakness. The provider noted that the injured worker did not demonstrate any aberrant drug seeking attitudes or behaviors. She was able to perform her activities of daily living on a limited basis when utilizing her narcotic analgesic medications. Upon physical examination of the cervical spine, there was tenderness and range of motion was severely reduced. Upon physical examination of the thoracic spine, there was tenderness and range of motion was mildly reduced. Upon physical examination of the left shoulder, there was tenderness and range of motion was mildly reduced with pain. Medications included Amitriptyline 25 mg, Celebrex 200 mg, Clonazepam 1 mg, Duragesic 75 mcg/hr, Lyrica 50 mg, and Norco 10/325 mg. The provider noted the injured worker's mast and cage scores did not suggest any current problems with opiate or alcohol misuse, abuse, or addiction. The injured worker is receiving greater than 50% decrease in her Visual Analog Scale (VAS) when utilizing her narcotic medications. Diagnoses included brachial neuritis or radiculitis NOS, causalgia of the upper limb, cervicgia, chronic pain/DT trauma, lumbago, opiate type dependence

continuous use, sciatica due to displacement of the lumbar disc, and overweight. The Request for Authorization was not submitted for this review

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mg daily: Upheld

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

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

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, recommends Amitriptyline. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The documents submitted for review lacked indication the injured worker being depressed. Therefore, this request is not medically necessary.

Celebrex 200 mg daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Celebrex is used as a second line treatment after acetaminophen, there is conflicting evidence that non-steroidal anti-inflammatory drugs (NSAIDs) are more effective than acetaminophen for acute low back pain. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus a placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker. In addition, the request for Celebrex did not include quantity. There is no clear description of why a non-selective COX inhibitor is not appropriate for the injured worker. There was no documentation of increased risk of adverse gastric effect of prior gastric events. Given the above, the request for Celebrex 200 mg daily is not medically necessary.

Clonazepam 1 mg daily: Upheld

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

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

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Benzodiazepines for long-term use because long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The request lacked quantity. Clonazepam is not recommended for long term use because of long term efficacy is unproven and there is a risk of dependency. The injured worker had a urine drug screen on 03/20/2014 that was negative for benzodiazepines. As such, the request for Clonazepam 1 mg daily is not medically necessary.

Duragesic 75 mcg/hr transdermal patch 1 patch every 48 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic and Fentanyl Page(s): 44&47.

Decision rationale: The request for the Duragesic 75 mcg/hr. is not medically necessary. The Chronic Pain Medical Treatment Guidelines does not recommend Duragesic patches as a first-line therapy. Duragesic is a trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opiate, slowly through the skin. The FDA-approved product states that Duragesic is indicated in the management of chronic pain in patients who require continuous opiate analgesics for pain that cannot be managed by other means. The guidelines also states that fentanyl is an opiate analgesic with a potency 80 times that of morphine. Weaker opiates are less likely to produce adverse effects than stronger opioids such as fentanyl. Duragesic is indicated in the management of chronic patients who require continuous opiate analgesia for pain that cannot be managed by other means, but is not recommended as a first line therapy. However, it was noted that there has been no treatment request since 2011. The injured worker was also under oral opiate and there was no clear indication that this medication, in addition to other medications currently taking, is insufficient to address the injured worker's pain. Therefore, the request for Duragesic 75 mcg/hr transdermal patch 1 patch every 48 hours is not medically necessary.

Lyrica 50 mg daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregablin (Lyrica) Page(s): 99.

Decision rationale: The request for Lyrica 50 mg is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommends Pregabalin (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. Pregabalin was also approved to treat fibromyalgia. On 06/23/2014 the documents there was no diagnoses indicating diabetic neuropathy or post herpetic neuralgia for the injured worker. The request did not include quantity of the medication. There was no clear documentation of neuropathic pain. As such, the request for Lyrica 50 mg daily is not medically necessary.

Norco 10 mg-325 1 tab every 6hrs as needed for pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Norco is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The provider failed to indicate long-term functional goals. In addition, the request did not include quantity of medication. Therefore, the request for Norco 10/325 mg 1 tab every 6 hours as needed for pain is not medically necessary.