

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0109401 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 01/15/1998 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/14/2014 |

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 New York and 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 70-year-old female who sustained an injury on 01/15/98. No specific mechanism of injury was noted. The injured worker was followed for chronic complaints of neck pain radiating to the upper back and right upper extremity with associated numbness. Symptoms were managed with multiple medications including Norco, Elavil, Lunesta, Lyrica, topical, Lidoderm, and Protonix. The injured worker was seen on 06/12/14 with continuing complaints of low back pain, neck pain, upper back pain, and right upper extremity pain between 5-6/10 in severity. The injured worker reported reduced pain levels and increased function with medications. The injured worker felt that she was stable on the current dosage of medication for the last several years. He was utilizing Elavil and Lunesta for sleep and neuropathic symptoms. Norco was being utilized for pain and Lyrica as well as Lidoderm patches were being utilizing for neuropathic symptoms. Physical examination findings noted tenderness in the lumbar spine from L4 through S1 with hypertonicity in the lumbar paraspinal musculature. No specific neurological deficits were identified. The last urine drug screen records were from July or June of 2013 which were reported as consistent. The injured worker was recommended to continue with medications at this visit with a urine toxicology screen at the next visit. The requested Protonix 20mg #60, Elavil 25mg #60, Lidoderm patches 5% #60, Lunesta 3mg #30, Lyrica 75mg #60, and Norco 10/325mg #90 were denied by utilization review on 06/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg, qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 05/15/2014); MDCConsult.com.

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: In regards to the use of Protonix 20mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastro esophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as medically necessary.

Elavil 25mg, qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment.

Decision rationale: In regards to Elavil 25mg #60 this reviewer would not have recommended this request as medically necessary. In review of the most recent clinical record from 06/12/14 the injured worker was utilizing this medication to address neuropathic pain and sleep issues. There was no specific documentation of the benefit of this medication in terms of insomnia. No insomnia sleep indexes were available for review describing improvement with this medication. Physical examination findings also did not present with any specific objective evidence of ongoing pain secondary to neuropathic etiology that would support this medication. Given the lack of objective findings to support the continued prescription of Elavil this reviewer would not have recommended this request as medically appropriate.

Lidoderm Patches 5%, qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches Page(s): 54.

Decision rationale: In regards to Lidoderm patches 5% quantity 60, this reviewer would not have recommended this request as medically necessary. In review of the most recent clinical record from 06/12/14 the injured worker was utilizing this medication to address neuropathic pain. The physical examination findings did not present with any specific objective evidence of ongoing pain secondary to neuropathic etiology that would support this medication. Given the lack of objective findings to support the continued prescription of Lidoderm patches, this reviewer would not have recommended this request as medically appropriate.

Lunesta 3mg, qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28;47(1203):17-9. Eszopiclone (Lunesta), a new hypnotic. [No authors listed].

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, Insomnia Treatment.

Decision rationale: In regards to Lunesta 3mg quantity 30, this reviewer would not have recommended this request as medically necessary. In review of the most recent clinical record from 06/12/14 the injured worker was utilizing this medication to address sleep issues. There was no specific documentation of the benefit of this medication in terms of insomnia. No insomnia sleep indexes were available for review describing improvement with this medication. Given the lack of objective findings to support the continued prescription of Lunesta, this reviewer would not have recommended this request as medically appropriate.

Lyrica 75mg, qty 60: Upheld

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

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

Decision rationale: In regards to Lyrica 75mg quantity 60, this reviewer would not have recommended this request as medically necessary. In review of the most recent clinical record from 06/12/14 the injured worker was utilizing this medication to address neuropathic pain. The physical examination findings did not present with any specific objective evidence of ongoing pain secondary to neuropathic etiology that would support this medication. Given the lack of objective findings to support the continued prescription of Lyrica, this reviewer would not have recommended this request as medically appropriate.

Norco 10/325mg, qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments Screener and Opioid Assessment for Patients with Pain (SOAPP) and/or Current Opioid Misuse Measure (COMM) to determine risk stratification for this claimant. This would be indicated for Norco given the long term use of this medication. As such reviewer would not have recommended this request as medically appropriate.