MAXIMUS Federal Services

Case Number:	CM14-0014471		
Date Assigned:	02/26/2014	Date of Injury:	10/16/2001
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/04/2014

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 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 37-year-old female with a reported date of injury on 10/16/2001. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with complaints of low back pain and lumbar pain. The physician indicated the injured worker's pain rated at 6/10, with back pain described as aching, burning, sharp, stabbing, and electric, spasm, pinching, and numbness in right and left leg. Within the clinical note dated 01/20/2014, the physician noted that the injured worker had hardware removal on 04/05/2011. The MRI of the lumbar spine dated 10/18/2013 revealed the lumbar spine was anatomically aligned and there was a healed fusion at L4-5. There was no evidence of disc herniation or spinal stenosis from T11-12 through the L2-3 level. The injured worker's diagnosis included postlaminectomy syndrome of the lumbar region. The physician indicated the injured worker's medication regimen included Singular, Omeprazole, Cymbalta, Topamax, Percocet, and Opana. The Requests for Authorization for Hydromorphone 8 mg #120, Zanaflex 4 mg #120, Omeprazole 20 mg #30 x 3, Ibuprofen 800 mg #90 x 3, Inderal 20 mg #60 x 3, Lunesta 20 mg #60 x 3, Cymbalta 30 mg #60 x 3, Topamax (Topiramate) 100 mg #120 x 3, and Wellbutrin 100 mg #90 x 3 was submitted on 02/03/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROMORPHONE 8 MG #120: 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)

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

Decision rationale: According to the California MTUS Guidelines, the continued use of opioids should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker is status post laminectomy on 12/17/2013. There was a lack of documentation regarding the therapeutic use of opioids. There was a lack of documentation related to the injured worker's functional deficits and the aid in the use of hydromorphone. In addition, the request as submitted failed to provide frequency for use of hydromorphone. Therefore, the request for hydromorphone 8 mg #120 is non-certified.

ZANAFLEX 4 MG #120: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effectiveness appears to diminish over time, and the prolonged use of some medications in this class may lead to dependence. The documentation provided for review indicates that the injured worker has been utilized Zanaflex prior to the laminectomy. The clinical documentation provided for review, noted the injured worker is post laminectomy on 12/17/2013, which puts the injured worker outside of the acute phase. According to the documentation dated 01/08/2014, the injured worker stated she is doing "very well" and her extremity neuropathies have resolved. In addition, the request as submitted failed to provide frequency of use and directions for use of Zanaflex. Therefore, the request for Zanaflex 4 mg #120 is not medically necessary.

OMEPRAZOLE 20 MG #30 X 3: 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).

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

Decision rationale: According to the California MTUS Guidelines, NSAIDs are recommended with precaution as indicated: if the patient is a risk for gastrointestinal events, greater than 65

years of age, history of peptic ulcer, GI bleeding or perforation, and concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose multiple NSAIDs. The clinical information provided for review lacks documentation of GI upset. It is unclear as to how long the injured worker has been utilizing Omeprazole. In addition, the request as submitted failed to provide frequency for the use of Omeprazole. Therefore, the request for Omeprazole 20 mg #30 x 3 is not medically necessary.

IBUPROFEN 800 MG #90 X 3: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68..

Decision rationale: According to the California MTUS Guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. There is inconsistent evidence for the use of these medications to treat long term neuropathic pain. According to the clinical note dated 01/08/2014, the injured worker states that she is doing well post laminectomy and her extremity neuropathies have resolved. The clinical note dated 01/20/2014, noted the injured worker has been utilizing ibuprofen prior to that exam. There is a lack of documentation related to the therapeutic effect in the utilization of ibuprofen. The rationale was not provided for review. In addition, the request as submitted failed to provide frequency for the use of ibuprofen. Therefore, the request for ibuprofen 800 mg #90 x 3 is not medically necessary.

INDERAL 20 MG #60 X 3: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation RXlist.com

Decision rationale: According to Rxlist.com, Inderal is indicated in the management of hypertension. According to the clinical information provided for review, the injured worker was not taking Inderal on 01/08/2014. The clinical note dated 01/14/2014 revealed documentation that included the use of Inderal within the medications prescribed. The clinical information provided for review lacks documentation of cardiac concerns. The rationale was not provided within the information provided for review. In addition, the request as submitted failed to provide the directions and frequency for the utilization of Inderal. Therefore, the request for Inderal 20 mg #60 x 3 is not medically necessary.

LUNESTA 20 MG # 60 X 3: 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).

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

Decision rationale: The Official Disability Guidelines does not recommend Lunesta for tong-term use. Hypnotics are recommended for three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of Eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired. The request for Lunesta 20 mg would exceed the recommended dose. Lunesta is a central nervous system depressant and can impair daytime function in patients at the higher dose of 2 mg or 3 mg. According to the clinical note dated 01/08/2014, the injured worker was not utilizing Lunesta at that time. The clinical note dated 01/20/2014, the physician prescribed Lunesta. There is a lack of documentation of insomnia or sleep disturbance and a lack of documentation related to the therapeutic goal in the utilization of Lunesta. The rationale was not provided within the information provided for review. The request as submitted failed to provide frequency as to the utilization of Lunesta. In addition the request as submitted exceeds the recommended dose. Therefore, the request for Lunesta 20 mg #60 x 3 is not medically necessary.

CYMBALTA 30 MG #60 X 3: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13 & 15..

Decision rationale: According to the California MTUS Guidelines, antidepressants are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. There is no high quality evidence to support the use of Cymbalta for lumbar radiculopathy. Within the clinical note dated 01/08/2014, the physician noted that the injured worker had been using Cymbalta prior to that date. Within that note, the physician also reported that the injured worker stated that she doing "very well" and her extremity neuropathies have resolved. The therapeutic goal and rationale in the utilization of Cymbalta is not documented within the clinical information provided for review. In addition, the request as submitted failed to provide frequency for the utilization of Cymbalta. Therefore, the request for Cymbalta 30 mg #60 x 3 is not medically necessary.

TOPAMAX (TOPIRAMATE) 100 MG #120 X 3: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antieplilepsy Drugs (AED), Page(s): 17-18..

Decision rationale: According to the California MTUS Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. A good response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response is a 30% reduction in pain. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with the use of Topamax. The documentation provided for review states the injured worker has been utilizing Topamax since prior to 01/08/2014. There is a lack of documentation of pain relief and improvement in function as well as documentation of side effects incurred with the use of Topamax. The rationale was not provided within the request. In addition, the request as submitted failed to provide frequency for use of Topamax. Therefore, the request for Topamax (Topiramate) 100 mg #120 x 3 is not medically necessary.

WELLBUTRIN 100 MG #90 X 3: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Bupropion (Wellbutrin), Page(s): 27.

Decision rationale: The California MTUS Guidelines state that Wellbutrin is recommended as an option after other agents. While bupropion has shown some effectiveness in neuropathic pain, there is no evidence of effectiveness in patients with non-neuropathy chronic low back pain. Furthermore, Wellbutrin may be considered when patients have not had a response to tricyclic or SNRIs. According to the clinical note dated 01/08/2014, the injured worker was not utilizing Wellbutrin at that time. There is a lack of documentation related to anxiety, depression, or the rationale for the request for Wellbutrin or an additional antidepressant. In addition, the request as submitted failed to provide frequency and duration for the medication requested. Therefore, the request for Wellbutrin 100 mg #90 x 3 is not medically necessary.