

Case Number:	CM14-0014877		
Date Assigned:	02/28/2014	Date of Injury:	10/17/2008
Decision Date:	08/06/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/05/2014

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 Occupational Medicine 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:

Patient is a 43-year-old female who has submitted a claim for lumbosacral myoligamentous sprain / strain, mechanical discogenic low back pain, fibromyalgia, obesity, depression, and residual lumbar myofascial pain associated with an industrial injury date of 10/17/2008. Medical records from 2009 to 2014 were reviewed. Patient complained of pounding headache, nausea, anxiety, depression, and crying episodes. Patient was only able to sleep two hours per night. She reported low back pain described as aching, stabbing, and sharp, rated 5 - 8/10 in severity. This resulted in difficulties performing prolonged standing, sitting, and walking. Patient reported blurring of vision upon Effexor use. Physical examination showed tenderness and hypertonicity over the paralumbar muscles. Reflexes were normal. Patient was able to transfer and ambulate without an assistive device. Myofascial trigger points at the base of the skull were noted. Her affect was depressed. Treatment to date has included physical therapy, home exercise program, lumbar epidural block, cognitive behavioral therapy, and medications such as Norco, Sumatriptan, Pantoprazole, Gabapentin, Propranolol, Xanax, Docusate, Ferrous Sulfate, Butrans patch, Flexeril, and Effexor. Utilization review from 02/04/2014 denied the requests for Sumatriptan and Ferrous Sulfate because of absent documentation of its medical necessity in relation to the industrial injury; denied Pantoprazole because of absence of a gastrointestinal condition; denied Neurontin because there was no evidence of neuropathic pain; denied Xanax and Flexeril because long-term use was not recommended; denied multivitamins because of no documented indication for use; and denied Effexor because of absent evidence of a previous trial of tricyclic antidepressants.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUMATRIPTAN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. According to ODG, triptans are recommended for migraine sufferers. In this case, patient reported symptoms of pounding headaches associated with nausea. She was started on Propranolol and Sumatriptan since August 2013 and reported relief of symptoms. Continuing management with Sumatriptan has been established; however, the present request failed to specify dosage and quantity to be dispensed. The request is incomplete; therefore, the request for Sumatriptan is not medically necessary.

PANTOPRAZOLE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Omeprazole since March 2013, and was later shifted into Pantoprazole since November 2013 without a clear rationale. However, there was no subjective report that patient was experiencing heartburn, epigastric burning sensation or any other gastrointestinal symptoms that will corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Pantoprazole is not medically necessary.

NEURONTIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as Pregabalin and Gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, patient has been on Neurontin since March 2013 for concomitant depression. However, there was no documentation concerning functional improvement derived from its use. Moreover, the present request failed to specify dosage and quantity to be dispensed. Therefore, the request for Neurontin is not medically necessary.

FERROUS SULFATE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Ferrous Sulfate, FDA.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA, Ferrous Sulfate was used instead. The FDA indicates the use of ferrous sulfate for the treatment of anemia. In this case, patient has been prescribed ferrous sulfate since August 2013. However, complete blood count from 12/07/2013 showed normal hemoglobin and hematocrit. There is no clear indication for ferrous sulfate at this time. Moreover, the request failed to specify dosage and quantity to be dispensed. Therefore, the request for Ferrous Sulfate is not medically necessary.

MULTIVITAMINS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Multivitamins, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682882.html>.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an article from National Institutes of Health was used instead. It states that vitamins are natural substances that the body needs to grow, develop, and function normally. Vitamins are contained in food; a well-balanced diet usually provides all of the vitamins required. Multivitamins are prescribed for patients who need extra vitamins, who cannot eat enough food to obtain the required vitamins. In this case, patient has been on multivitamins since August 2013. There was no documented rationale for this request. There is likewise no

reported functional improvement derived from its use. Moreover, the request failed to specify quantity to be dispensed. Therefore, the request for multivitamins is not medically necessary.

FLEXERIL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on Flexeril since November 2013. The most recent physical examination showed evidence of paralumbar muscles hypertonicity. However, long-term use is not recommended. Moreover, the request failed to specify quantity to be dispensed. Therefore, the request for Flexeril is not medically necessary.

EFFEXOR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 123.

Decision rationale: According to page 123 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Venlafaxine (Effexor) is FDA-approved for the treatment of depression. In this case, patient reported symptoms of depression and crying episodes. She was initially on Cymbalta, however, persistence of symptoms prompted shift of medication into Effexor on July 2013. Patient reported side effects such as blurring of vision, nausea, drowsiness, and memory problems upon Effexor intake. However, there was no management response concerning these adverse effects. Moreover, there was no documentation concerning functional improvement derived from its use. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Effexor is not medically necessary.

XANAX: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for 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. In this case, patient has been on Xanax since November 2013 for anxiety disorder. However, there was no documentation concerning functional improvement derived from its use. The request also failed to specify quantity to be dispensed, and long-term use is not recommended. Therefore, the request for Xanax is not medically necessary.