

Case Number:	CM14-0018465		
Date Assigned:	05/07/2014	Date of Injury:	01/04/1995
Decision Date:	09/05/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/13/2014

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:

The patient is a 66-year-old female who has filed a claim for myalgia and myositis associated with an industrial injury date of January 04, 1995. Review of progress notes indicates general pain everywhere, notably the neck, shoulders, and right arm. Patient also suffers from insomnia, depression, and migraines. Patient uses a cane to ambulate. Findings include tenderness over the arm and leg; and decreased range of motion of the shoulders, cervical spine, thoracic spine, and lumbar spine. The patient had an acute exacerbation of low back pain with weakness of bilateral lower extremities in February 2014. Treatment to date has included chiropractic therapy, triptans, NSAIDs, opioids, sedatives, antidepressants, Lyrica, and lumbar surgery on November 19, 2013 with post-operative complication necessitating drainage on February 06, 2014. Utilization review from January 08, 2014 denied the requests for Clonazepam 1mg as it is not recommended for long-term use; and Cymbalta 60mg, Trazodone 50mg, Lyrica 150mg, Ibuprofen 800mg, and Omeprazole 40mg as the quantity was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 1MG #30: 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: As noted on page 24 of the 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since at least March 2013. In this case, there is no documentation of anxiety or significant muscle spasms. Also, this medication is not recommended for chronic use. Therefore, the request for Clonazepam 1mg #30 is not medically necessary.

CYMBALTA 60MG #30: Overturned

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, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs); SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 15, 105.

Decision rationale: As noted on pages 15 and 105 of the CA MTUS Chronic Pain Medical Treatment Guidelines, SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Cymbalta is approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Patient has been on this medication since 2010. In this case, the patient complains of continued symptoms of generalized musculoskeletal pain and depression. Progress notes indicate that this medication helps with symptoms and with activities of daily living. At this time, continuation of Cymbalta is necessary for management of the patient's physical and psychological symptoms. Therefore, the request for Cymbalta 60mg #30 is medically necessary.

TRAZODONE 50MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone (Desyrel).

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, ODG was used instead. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. Patient has been on this

medication since at least March 2013. However, there is no recent documentation regarding sleep issues, or the benefits derived from this medication. Therefore, the request for Trazodone 50mg #30 is not medically necessary.

LYRICA 150MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Pregabalin (Lyrica, no generic available) Page(s): 16-20.

Decision rationale: According to pages 16-20 of CA MTUS Chronic Pain Medical Treatment Guidelines, Pregabalin is recommended for neuropathic pain, and is a first-line drug for diabetic neuropathy, post-herpetic neuralgia, and fibromyalgia. This medication is a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti-anxiety effect. Patient has been on this medication since 2010. In this case, the patient reports that this medication has provided improvement of symptoms and function. The patient complains of recent flare up of fibromyalgia pain symptoms, and continued use of this medication is reasonable at this time to manage the patient's fibromyalgia symptoms. Therefore, the request for Lyrica 150mg #60 is medically necessary.

IBUPROFEN 800MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since at least March 2013. The patient is status post lumbar spinal surgery in November 2013 with an episode of acute exacerbation in February 2014. However, the patient is already on several opioid medications, and it is unclear as to the amount of additional analgesia this medication will provide above and beyond that of Norco and Percocet. Also, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Ibuprofen 800mg #90 is not medically necessary.

OMEPRAZOLE 40MG #30: Upheld

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

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

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors should be prescribed in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since at least March 2013. In this case, although the patient has a history of GERD and has a risk factor for upper GI events, the request for Ibuprofen was not authorized. The patient also does not report any active upper GI complaints at this time. Therefore, the request for Omeprazole 40mg #30 is not medically necessary.