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| Case Number: | CM14-0110923 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 02/21/2012 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 06/17/2014 |
| Priority: | Standard | Application Received: | 07/16/2014 |

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 is licensed to practice in Illinois. 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 40-year-old female who reported an injury on 02/24/2011. The mechanism of injury was not provided. Diagnoses included L4-5 and L5-S1 central annular disc tears with left lumbar radiculitis, left piriformis syndrome, major depressive disorder, anxiety disorder, and bilateral shoulder adhesive capsulitis. Past treatments included medication, epidural injections, and psychological treatment. Diagnostic studies included a urine drug screen. There was no pertinent surgical history. On 05/09/2014, the injured worker was seen for medication management. She had been on Lorazepam, Tramadol, Prilosec, and Lexapro at low dose. She brought in a note from her psychologist requesting an increase in the Lexapro. She reported ongoing anxiety and stated she did not want to proceed with any lumbar surgery. Epidural injections only gave her temporary relief. The injured worker was showing signs of anxiety. The treatment plan is for medication management. BuSpar, Cymbalta, Amitiza, Sentra AM, Sentra PM, and topical creams had been discontinued. Lorazepam 0.5 mg 1 tab twice a day as needed for panic attacks, Tramadol 50 mg 3 times a day as needed for breakthrough pain, Prilosec 20 mg 1 tablet a day as needed for medication induced gastritis, and Lexapro 20 mg 1 tablet every day. The injured worker will follow up with doctor twice monthly for psychological counselling. The request is for tramadol 50 mg 1 tablet up to 3 times a day as needed #60, Prilosec 20 mg 1 tablet every day as needed #30, Lexapro 20 mg 1 tablet every day, and lorazepam 0.5 mg 1 tablet up to 3 times a day. The rationale was not provided. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg one tablet up to TID PRN #60: 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 Tramadol (Ultram) Page(s): 113.

Decision rationale: The request for Tramadol 50 mg 1 tablet up to 3 times a day as needed for pain #60 is not medically necessary. The injured worker has a history of lumbar pain and anxiety. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The guidelines also recommend ongoing drug management with opioids that required evidence of pain relief, current, least, and average pain with corresponding onset and duration of effect, functional gain, and appropriate medication use in the absence of side effects or aberrant drug taking behaviors. There is lack of documentation of pain relief from prior medications. There is lack of documentation of the requirements for ongoing management. As such, the request is not medically necessary.

Prilosec 20mg one Tablet PO Q Day PRN #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Pain Chapter.

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

Decision rationale: The request for Prilosec 20 mg 1 tablet by mouth daily as needed #30 is not medically necessary. The injured worker has a history of back pain and anxiety. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The guidelines also state the use of proton pump inhibitors should be limited to the recognized indications as used at the lowest dose for the shortest possible amount of time. There is no current prescribed NSAID and no ongoing gastrointestinal complaint to justify the use of Prilosec at this time. As such, the request is not medically necessary.

Lexapro 20mg one tablet PO Q Day #30: 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 Antidepressants for chronic pain Page(s): 13.

Decision rationale: The request for Lexapro 20 mg 1 tablet by mouth daily #30 is not medically necessary. The injured worker has a history of lumbar pain and anxiety. The CA MTUS recommend antidepressants for chronic pain as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. It is unclear the necessity of two serotonin-selective reuptake inhibitors; Tramadol and Lexapro. This may increase the risk of seizure and may produce life-threatening serotonin syndrome. As such, the request is not medically necessary.

Lorazepam 0.5mg 1 tablet up to TID PRN: 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) Pain, Benzodiazepines.

Decision rationale: The request for lorazepam 0.5 mg 1 tablet up to three times a day as needed is not medically necessary. The injured worker has a history of back pain and anxiety. The Official Disability Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). The injured worker has been on said medication for over 6 months. There is no quantity within the request. As such, the request is not medically necessary.