

<b>Case Number:</b>	CM14-0112842		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/23/2002
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2014

### 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:

This 58 year old patient had a date of injury on 4/23/2002. The mechanism of injury was not noted. In a progress noted dated 6/23/2014, the patient complains of neck pain radiating from neck down left arm. Pain levels have increased since last visit. On a physical exam dated 6/23/2014, hypertonicity, tenderness, tight muscle band and trigger point is noted on both sides of paravertebral muscles. Tenderness is noted at the paracervical muscles and trapezius. The diagnostic impression shows post cervical laminectomy syndrome, cervical radiculopathy, cervical pain. Treatment to date: medication therapy, behavioral modification, HEPA UR decision dated 7/16/2014 denied the request for Lexapro 20mg #60 x5, stating future requests would require future objective measures of improved depression and thus 1 prescription would suffice. Neurontin 300mg #60 x3 was denied, stating an adequate response in reduction of symptoms by 30% would be needed for future treatment. The rationales for the denials for Colace 100mg #60 x5 Oxycodone 15mg #90, Ambien 10mg #30 x3 were not found in the reports viewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro 20mg #60 with 5 refills:** 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: FDA: Lexapro

**Decision rationale:** MTUS and ODG do not address this issue. The FDA state Lexapro is an antidepressant used to treat anxiety and major depressive disorder in adults. In a progress report dated 6/23/2014, there was no indication or diagnosis of depression. Furthermore, there was no rationale provided regarding the medical necessity of 5 additional refills, as the doctor follow-ups appear to be every 8 weeks. Therefore, the request for Lexapro 20mg #60x5 was not medically necessary.

**Gralise ER 300mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In the 6/23/2014, the patient was documented to have symptoms of neuropathic pain. However, there was no clear rationale provided regarding the justification of a 4- month supply. Therefore, the request for Gralise 300mg #60x3 is not medically necessary.

**Colace 100mg #60 with 5 refills:** 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 FDA: Sodium Docusate.

**Decision rationale:** MTUS and ODG do not address this issue. FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon or rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. In the 6/23/2014 progress report, the patient is noted to use Colace for opioid induced constipation caused by oxycodone. However, guidelines only support short term use, and this patient has been on Colace since at least 4/28/2014. Therefore, the request for Colace 100mg #60 x5 is not medically necessary.

**Oxycodone 15mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a 6/23/2014 progress report, there was no documented functional improvement noted with the opioid regimen. Furthermore, the patient reports his pain level has increased since last visit, and there was no evidence of urine drug screens. Therefore, the request for oxycodone 15mg #90 is not medically necessary.

**Ambien 10mg #30 with 3 refills:** 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), Pain (Chronic)

**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

**Decision rationale:** CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. In the report viewed, this patient has been documented to be on Ambien since at least 4/28/2014, and guidelines do not recommend long term use. Therefore, the request for Ambien 10mg #30 x3 was not medically necessary.