

Case Number:	CM14-0127913		
Date Assigned:	08/15/2014	Date of Injury:	04/03/2012
Decision Date:	09/22/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/12/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 injured worker is a 58 year old female injured on 04/03/12 when she fell on a wet floor injuring back, neck, jaw, wrist, and bilateral hands. The injured worker underwent conservative care for the back and neck injury with improvement of neck pain. The injured worker reported ongoing low back pain without significant radiation. Surgical intervention including bilateral Carpometacarpal (CMC) arthroplasty, right performed on 10/16/13 and left on 02/10/14. The injured worker was also treated for Temporomandibular Joint (TMJ) syndrome. Clinical note dated 07/17/14 indicated the injured worker complained of low back pain without central radiation, bilateral hand pain, and jaw pain. The injured worker tapered from Suboxone with intent to complete within two weeks. Prior use of Norco weaned during use of Suboxone per injured worker; however, injured worker no longer under care of prescribing physician. Medications included citalopram, Lamictal, and Requip. Physical examination revealed moderate temporomandibular tenderness, mild crepitus bilateral, some range of motion well preserved, moderate thickening of the palmar fascia on the right hand without significant loss of range of motion. Lumbar exam revealed left greater than right sacroiliac joint tenderness, positive left and mildly positive right stork test, exquisite tenderness over the coccyx and neurological testing grossly normal. The note indicated the injured worker no longer received Suboxone and continued to receive psychiatric medications through other provider. Prescription for omeprazole, Norco, and Butrans submitted. The initial request was non-certified on 08/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: Based on review of the records provided, the request for Norco 10/325mg #180 is not supported as medically necessary. The clinical documentation indicates evidence of inconsistencies related to medication administration and obtaining prescriptions from multiple providers. Additionally, there is no indication that the injured worker requires opioid analgesics following a successful weaning from both Norco and Suboxone. There is no indication a trial of NSAIDs and/or other non-opioid medications have not been attempted for pain management purposes. As such, the request for Norco 10/325mg #180 cannot be recommended as medically necessary.

Citalopram 40 mg oral tablet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: As noted on page 107 of the Chronic Pain Medical Treatment Guidelines, SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. There is no indication in the documentation that the injured worker has been diagnosed or exhibits symptoms associated with depression requiring medication management. As such, the request for citalopram 40 mg oral tablet cannot be recommended as medically necessary at this time.

Lamictal 150 mg oral tablet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lamotrigine (Lamictal) Page(s): 56.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, lamotrigine is not generally recommended as a first-line treatment for neuropathic pain due to side-effects and slow titration period. There is no indication other anti-neuropathic pain medications have been attempted prior to Lamictal. As such, the request for Lamictal 150 mg oral tablet cannot be recommended as medically necessary.

Requip 2 mg oral tablet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Restless legs syndrome (RLS).

Decision rationale: As noted in Official Disability Guidelines - Online version, dopamine agonists to include Requip (ropinirole) and Mirapex (pramipexole) are not considered first-line treatment and should be reserved for patients who have been unresponsive to other treatment. There is no indication the injured worker has been unresponsive to other treatment modalities. As such, the request for Requip 2 mg oral tablet cannot be recommended as medically necessary at this time.

Butrans 10 mcg patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: Based on review of the records provided, the request for Butrans 10 mcg patch is not supported as medically necessary. The clinical documentation indicates evidence of inconsistencies related to medication administration and obtaining prescriptions from multiple providers. Additionally, there is no indication that the injured worker requires opioid analgesics following a successfully weaning from both Norco and Suboxone. There is no indication a trial of NSAIDs and/or other non-opioid medications have not been attempted for pain management purposes. As such, the request for Butrans 10 mcg patch cannot be recommended as medically necessary.