

Case Number:	CM14-0132711		
Date Assigned:	08/22/2014	Date of Injury:	06/18/2007
Decision Date:	09/29/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/19/2014

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 Pain Medicine and is licensed to practice in Texas & Ohio. 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 51-year-old female who reported an injury on 06/18/2007. The mechanism of injury was a fall. The diagnoses included chronic pain syndrome; back pain, lumbar with radiculopathy; chronic depression; anxiety; insomnia. The previous treatments included medication and physical therapy. Within the clinical note dated 08/01/2014, it was reported the injured worker complained of bilateral low back pain and described the pain as sharp, aching, throbbing, and burning. She rated her pain 7/10 to 9/10 in severity. On physical examination, the provider noted the injured worker had decreased range of motion of the torso. He noted the injured worker's lumbar spine had tenderness to palpation with radiation down the bilateral lower extremities. The provider requested Celebrex for inflammation, Dolophine, alprazolam, Cymbalta, Terazosin, chlordiazepoxide HCL, and Ambien. However, a rationale was not provided for clinical review. The request for authorization was submitted and dated on 08/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-67.

Decision rationale: The request for Celebrex 100 mg #30 is not medically necessary. California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Dolophine 5mg (Methadone HCL) #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Dolophine 5 mg (methadone HCL) #120 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.

Alaprazolam 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guideline: Formulary.

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

Decision rationale: The request for Alprazolam 1 mg #60 is not medically necessary. The Official Disability Guidelines note Zolpidem is a prescription short acting Non-Benzodiazepine hypnotic, which was approved for short-term (usually 2 to 6 weeks) treatment of insomnia. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there was a lack of documentation indicating the injured worker was treated for insomnia. Therefore, the request is not medically necessary.

Cymbalta 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43.

Decision rationale: The request for Cymbalta 60 mg #90 is not medically necessary. The California MTUS Guidelines recommend Cymbalta as an option as a first-line treatment of neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder, and for treatment of pain related to diabetic neuropathy. The guidelines note that antidepressants are recommended as an option for radiculopathy. There is a lack of documentation indicating the efficacy of the medication with evidence-based significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Terazosin NCL 4mg #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult Official Disability Guidelines: Formulary.

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

Decision rationale: The request for Terazosin NCL 4 mg #1 is not medically necessary. The Official Disability Guidelines recommend that blood pressure in diabetes can be controlled to levels of 140/80, but 130 may be appropriate for younger patients if it can be achieved without undue treatment burden. Over 88% of patients with type II diabetes either have controlled hypertension or are being treated for elevated blood pressure. Hypertension is not only more prevalent in type II diabetes than in general population, but it also predicts progression to diabetes. Guidelines recommend starting with lifestyle modifications and diet, including medications. The request submitted failed to provide the frequency of the medication. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

Chlordiazepoxide HCL 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation ODG Formulary.

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

Decision rationale: The request for chlordiazepoxide HCL 10 mg #60 is not medically necessary. The California MTUS Guidelines do not recommend chlordiazepoxide HCL for

long-term use because long-term efficacy is unproven and there is risk of dependence. The guidelines also recommend the limited use of chlordiazepoxide HCL to 4 weeks. The injured worker has been utilizing the medication since at least 04/2014 which exceeds the guideline's recommendation of short-term use. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Ambien 5mg #60: Upheld

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

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

Decision rationale: The request for Ambien 5 mg #60 is not medically necessary. The Official Disability Guidelines note zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which was approved for short-term (usually 2 to 6 weeks) treatment of insomnia. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.