

Case Number:	CM14-0136226		
Date Assigned:	09/10/2014	Date of Injury:	03/19/2001
Decision Date:	11/03/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/25/2014

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 is a 53-year-old female with a 3/19/01 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/17/14, the patient stated that she has been getting more neck pain as she is back to work now, though her depression or postconcussion changes are the same. She stated that sometimes she gets more irritable and more depressed. Objective findings: no abnormal findings. Diagnostic impression: status post head injury, postconcussion syndrome, neck pain, cervical sprain where she sometimes has flare-ups of neck pain. Treatment to date: medication management, activity modification. A UR decision dated 8/7/14 modified the requests for Cymbalta from 30 tablets with 6 refills to 30 tablets with 3 refills, Naproxen from 30 tablets with 6 refills to 30 tablets with zero refills, and Voltaren Gel with 6 refills to zero refills. The request for Xanax #30 with 6 refills was modified to allow one-month supply for weaning purposes. Regarding Cymbalta, this has been beneficial for the patient and has ameliorated her function to the point where she has returned to work. The claimant should return to the attending provider for reevaluation to ensure the efficacy of the same is medically necessary. Regarding Naproxen and Voltaren gel, the claimant should return to the attending provider for reevaluation to ensure the efficacy of the same is medically necessary. Regarding Xanax, the attending provider is seemingly implying Xanax for chronic, long-term, and/or scheduled purposes without any evidence of overwhelming symptoms or panic attacks being present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 15-16.

Decision rationale: CA MTUS states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. In the present case, the patient has complaints of depression. However, this is a request for 7-months of medication. Routine monitoring for functional improvement and adverse side effects is required for continued medication use. There is no rationale provided as to why the patient requires 7-months of this medication at this time. Therefore, the request for Cymbalta 60mg #30 with 6 refills was not medically necessary.

Xanax 0.25mg #30 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, in the present case, this patient has been taking Xanax since at least 4/15/14, if not earlier. In addition, this is a request for a 7-month supply. Guidelines do not support the long-term use of benzodiazepine medications. There is no rationale provided as to why the patient requires a 7-month supply of this medication at this time. Therefore, the request for Xanax 0.25mg #30 with 6 refills was not medically necessary.

Naproxen 500mg #30 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG

states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, in the present case, there is no documentation of significant pain reduction, functional gains, or improved activities of daily living with the use of naproxen. In addition, this is a request for a 7-month of medication. There is no rationale provided as to why the patient requires a 7-month supply of this medication at this time. Therefore, the request for Naproxen 500mg #30 with 6 refills was not medically necessary.

Voltaren Gel 100gm #3 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, in the present case, there is no documentation of significant pain reduction, functional gains, or improved activities of daily living with the use of naproxen. In addition, this is a request for a 7-month of medication. There is no rationale provided as to why the patient requires a 7-month supply of this medication at this time. Therefore, the request for Naproxen 500mg #30 with 6 refills was not medically necessary.