MAXIMUS Federal Services

Case Number:	CM14-0150072		
Date Assigned:	09/18/2014	Date of Injury:	03/17/2007
Decision Date:	10/17/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 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 67-year-old female who sustained an injury on 3/17/07. The injured worker complained of neck and right shoulder pain on 4/9/14. She reported at that time that she had numbness and tingling in the back and top of her head, and had difficulty sleeping. She also noted anxious, nervous, and depressed feelings. On exam on 7/9/14 she had palpation, spasm and reduced range of motion in cervical spine. She had numbness and tingling in the wrist, and had positive Phalen's and Tinel's. She had right shoulder impingement. She had electromyography and nerve conduction testing, and magnetic resonance imaging of the brain in 2007. As per the report of 4/9/14, current medications include Aciphex 40 milligrams, Effexor extended release 150 milligrams, clonazepam 0.5 milligrams, and Tramadol. In 2007, Klonopin was reported to be helpful for her sleep but made her drowsy, and Effexor made her sleepy so it was discontinued. However, it was noted that she was taking Effexor extended release and Klonopin on 12/3/07 and it seems that she has been on them since at least 2007. Moreover, she has been taking Aciphex since at least 2010. In October of 2013, she reported occurrence of tingling if she missed her dose of Effexor. Previous medications include Tylenol, Naprosyn, Meloxicam, Atenolol, and hydrochlorothiazide. As per the report of 12/9/10, her post traumatic head syndrome was apportioned 100%, neck pain 33% and lumbar disability 40% to her 3/17/01 injury. She had physical therapy with a little improvement. Her diagnoses include chronic right shoulder and neck pain; chronic daily migraines and cervicogenic headaches; anxiety and depression related to continuous pain; and acid reflux related to medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 40mg #30 with 6 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, Pain Chapter, Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Aciphex

Decision rationale: According to the CA MTUS, "proton pump inhibitors" are recommended for injured workers at intermediate risk for gastrointestinal events. The CA MTUS guidelines state proton pump inhibitor medications may be indicated for injured workers at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of acetylsalicylic acid, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drug. Treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug therapy recommendation is to stop the non-steroidal anti-inflammatory drug, switch to a different non-steroidal anti-inflammatory drug, or consider H2-receptor antagonists or a proton pump inhibitors. Aciphex should also be second-line therapy. The guidelines recommend gastrointestinal protection for injured workers with specific risk factors. However, the medical records do not establish the injured worker is at significant risk for gastrointestinal events. Furthermore, there is no documentation of trial of first line therapy. There is no evidence of stopping or switching to another non-steroidal anti-inflammatory drug. Also, the records indicate that the worker has been taking Aciphex since 2010. Chronic use (> one year) of proton pump inhibitors is not recommended due to risk of hip fracture. Therefore, the medical necessity of the request has not been established in accordance with the CA MTUS guidelines.

Effexor XR 150mg #30 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor Page(s): 123.

Decision rationale: Per CA MTUS guidelines, Effexor is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor class of antidepressants. It has Food and Drug Administration approval for treatment of depression and anxiety disorders. It is off label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. It may have an advantage over tricyclic antidepressants due to lack of anticholinergic side effects. In this case, the worker is noted to be anxious, nervous, and have depressed feelings. However, she has reported sleepiness, so it was discontinued at some point. Moreover, there is no documentation of significant improvement in depression and / or function with its continuous use. Additionally

6 refills was requested which is excessive without periodic re-evaluation of the injured worker. Therefore, the request is considered not medically necessary according to guidelines and based on documentation.

Tramadol 50mg #60 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93,113.

Decision rationale: According to the CA MTUS Guidelines, tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors." The guidelines state opioids may be continued: (a) If the injured worker has returned to work and (b) If the injured worker has improved functioning and pain. In this case, there is no documentation of any significant improvement in pain level or function with prior use. There is no evidence of urine drug test in order to monitor compliance. Furthermore, concurrent use of tramadol with antidepressants is not warranted due to risk of seizure. Therefore, the medical necessity of tramadol has not been established.

Clonazepam 0.5mg 330 with 6 refills: Upheld

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

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

Decision rationale: According to the guidelines, benzodiazepines are not recommended. These medications 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. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. In this case, clonazepam has made her drowsy. There is no documentation of any significant improvement with continuous use. The medical records do not reveal a clinical rationale that establishes clonazepam is appropriate and medically necessary.