

Case Number:	CM14-0154172		
Date Assigned:	09/23/2014	Date of Injury:	09/02/1994
Decision Date:	10/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family 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:

The injured worker is a 65-year-old male who reported an industrial injury on 9/2/1994, over 20 years ago, attributed to the performance of his usual and customary job tasks. The patient was being treated for reported chronic pain and depression. The patient was prescribed tramadol; Lyrica; zolpidem; and citalopram. The objective findings on examination included no apparent distress; no swelling; no edema; with no other physical findings documented. The treatment diagnoses included chronic pain syndrome and depression. The patient was prescribed Tramadol 50 mg #90 with five refills; Lyrica 100 mg #90 with five refills; Zolpidem CR 12.5 mg #30 with five refills; Citalopram 20 mg #30 with five refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #90, 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter chronic pain medications; opioids

Decision rationale: Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The prescription for Tramadol short acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic pain. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain with no objective findings on examination. There is no documented functional improvement from this opioid analgesic. Therefore, the request for Tramadol 50 mg #90 with five refills is not medically necessary and appropriate.

Lyrica 100mg #90, 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter AEDs American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chronic pain chapter revised 8/8/08 page 110

Decision rationale: The patient was prescribed Lyrica based on chronic pain without evidence of neuropathic pain. There are no documented objective findings consistent with neuropathic pain on physical examination. The patient has subjective findings that are non-focal. The patient was not demonstrated to have been previously prescribed Gabapentin (Neurontin) and there is no documented neuropathic pain issue. The patient is not documented to have neuropathic pain. There is no documented nerve impingement radiculopathy or neurological deficits along a dermatomal distribution. The patient has been treated for chronic pain issues reported to be due to the DOI over 20 years ago. The Primary Treating Physician (PTP) has speculated that the subjective symptoms are consistent with neuropathic pain; however does not provide objective findings on examination to support the presence of neuropathic pain for the cited diagnoses. The diagnoses do not support the medical necessity for prescribed Lyrica. The treating physician has provided this medication for the daily management of this patient's chronic pain reported as neuropathic pain. The prescription of Lyrica is recommended for neuropathic pain; however, the ACOEM Guidelines does not specifically recommend Lyrica for the treatment of chronic non-neuropathic pain. Gabapentin or pregabalin is not recommended for treatment of chronic, non-neuropathic pain by the ACOEM Guidelines. It is clear that there is no documentation of significant neuropathic pain for this patient. The ACOEM Guidelines revised chronic pain chapter states that there is insufficient evidence for the use of Gabapentin or Lyrica for the treatment of axial lower back pain; chronic lower back pain; or chronic lower back pain with radiculopathy. The MTUS and the Official Disability Guidelines state that there is insufficient evidence to support the use of Gabapentin or Lyrica for the treatment of chronic pain. Therefore, the request for Lyrica 100 mg #90 with five refills is not medically necessary and appropriate.

Zolpidem CR 12.5mg, #30, 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--insomnia and Zolpidem Other Medical Treatment Guideline or Medical Evidence: Disciplinary Guidelines for the general practice of medicine

Decision rationale: The Zolpidem/Ambien 12.5 mg has been prescribed to the patient for a prolonged period of time. The patient is being prescribed the Zolpidem for insomnia due to chronic pain simply due to the rationale of chronic pain without demonstrated failure of OTC remedies. There is no provided subjective/objective evidence to support the use of Zolpidem 12.5 mg over the available OTC remedies. The patient has exceeded the recommended time period for the use of this short-term sleep aide. There is no demonstrated functional improvement with the prescribed Zolpidem/Ambien. Additionally, there is no documentation of alternatives other than Zolpidem have provided for insomnia or that the patient actually requires sleeping pills. The patient is not documented with objective evidence to have insomnia or a sleep disorder at this point in time or that conservative treatment is not appropriate for treatment. There is no evidence that sleep hygiene, diet and exercise have failed for the treatment of sleep issues. There is no demonstrated failure of the multiple sleep aids available OTC. The Official Disability Guidelines (ODG) does not recommend the use of benzodiazepines in the treatment of chronic pain. Zolpidem is not a true benzodiazepine; however, retains some of the same side effects and is only recommended for occasional use and not for continuous nightly use. Therefore, the request for Zolpidem 12.5 mg #30 with five refills is not medically necessary and appropriate.

Citalopram 20mg, #30, 5 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), Mental Illness and Stress Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs; TRI CYCLIC ANTIDEPRESSANTS Page(s): 107; 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-- antidepressants for chronic pain; Fluoxetine

Decision rationale: The patient was prescribed Celexa/Citalopram an antidepressant, as an adjunct for the treatment of chronic pain. The use of this medication is consistent with the recommendations of the MTUS, the ACOEM Guidelines, and the Official Disability Guidelines for the treatment of chronic pain. The use of Celexa/Citalopram is consistent with the treatment of chronic pain and can be combined with other antidepressants for additional efficacy. In this case, there is no documentation of a mental status examination or objective findings of depression. It is not clear that the currently treated depression is an effect of the industrial injury. There is no clinical documentation by the treating physician with objective findings on examination to support the medical necessity of Celexa (Citalopram). There is no provided evidence that the patient has received benefit or demonstrated functional improvement with

Citalopram. Therefore, the request for Citalopram 20 mg #30 with five refills is not medically necessary and appropriate.