

Case Number:	CM14-0156194		
Date Assigned:	09/25/2014	Date of Injury:	01/26/2012
Decision Date:	12/24/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/24/2014

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 36-year-old female with a 1/26/12 date of injury. According to a progress report dated 9/11/14, the patient was seen for follow-up for a herniated disc status post spinal cord implant as well as surgical removal. She suffered severe side effects with Zoloft for which she had to stop. The request for the replacement medication, Paxil, has not been approved yet. She said that her hair loss was improving as a result of discontinuing Topamax and had minimal hair loss with Rogaine use. She rated her average pain level as 8/10. The patient was instructed to return-to-clinic in 4 weeks. Objective findings: lumbar range of motion restricted due to pain, femur rotation - negative groin pain elicited bilaterally. Diagnostic impression: history of abdominal pain and heartburn, mood disorder and insomnia, history of depression and nervousness, lumbar radiculitis, bilateral knee pain, lumbar HNP w/myelopathy, sciatica. Treatment to date: medication management, activity modification, lumbar ESI, spinal cord implant, FRP. A UR decision dated 9/18/14 modified the requests for Paxil 20 mg #60 x 6 refills to zero refills, Nexium 40 mg #30 x 6 refills to zero refills, Rogaine Solution #1 bottle x 6 refills to zero refills, Baclofen 10 mg #90 x 6 refills to allow a one-month supply for weaning purposes, and denied the request for Lidoderm patches. Multiple refills are not encouraged and not certified. Regarding Paxil, relief of depression and neuropathic pain with absence of side effects is noted. Regarding Nexium, the claimant has documented side effects of upper GI discomfort and gastritis from multiple medications prescribed on chronic basis. Regarding Rogaine, this is an acceptable treatment for alopecia that this claimant has. Regarding Lidoderm patches, this is only approved by guidelines and FDA for the treatment of postherpetic neuralgia that this injured worker does not have. Regarding baclofen, baclofen a muscle relaxant as prescribed in not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 20 mg, #60 times 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter - SSRIs

Decision rationale: CA MTUS does not address this issue. According to ODG, SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. In the present case, there is documentation that the patient has a mood disorder, insomnia, and a history of depression and nervousness. However, this is a request for a 7-month supply of medication. It is noted that the patient has been instructed to return-to-clinic in 4 weeks. In addition, this is a new prescription for this patient. Routine monitoring for medication efficacy and adverse effects is necessary, especially with the initiation of a new medication. Therefore, the request for Paxil 20 mg, #60 times 6 refills was not medically necessary.

Nexium 40 mg, #30 times 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Nexium)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In the present case, it is noted that the patient has a history of abdominal pain and heartburn. However, this is a request for a 7-month supply of medication. It is noted that the patient has been instructed to return-to-clinic in 4 weeks. Routine monitoring for medication efficacy and adverse effects is necessary. In addition, the UR decision dated 9/18/14 modified this request to certify a one-month supply. A specific rationale identifying why this patient requires a 7-month supply of medication at this time was not provided. Therefore, the request for Nexium 40 mg, #30 times 6 refills was not medically necessary.

Rogaine Solution #1 bottle times 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Rogaine)

Decision rationale: CA MTUS and ODG do not address this issue. According to the FDA, Rogaine is a topical product that stimulates regrowth of hair in men and women with androgenetic alopecia (male-pattern alopecia, hereditary alopecia, common male baldness). In the present case, it is noted that this patient has been suffering from hair loss, in which Rogaine is indicated. However, this is a request for a 7-month supply of medication. It is noted that the patient has been instructed to return-to-clinic in 4 weeks. Routine monitoring for medication efficacy and adverse effects is necessary. In addition, the UR decision dated 9/18/14 modified this request to certify a one-month supply. A specific rationale identifying why this patient requires a 7-month supply of medication at this time was not provided. Therefore, the request for Rogaine Solution #1 bottle times 6 refills was not medically necessary.

Lidoderm patches #60 times 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm

Decision rationale: CA MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). The documentation provided does not include this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Furthermore, there is no documentation that the patient is unable to take oral medications. Therefore, the request for Lidoderm patches #60 times 6 refills was not medically necessary.

Baclofen 10 mg, #90 lower back times 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, according to the records provided for review, this patient has been taking baclofen since at least 5/23/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Baclofen 10 mg, #90 lower back times 6 refills was not medically necessary.