

Case Number:	CM14-0181049		
Date Assigned:	11/06/2014	Date of Injury:	10/11/1996
Decision Date:	12/18/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/31/2014

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, has a subspecialty 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:

This is a female patient with the date of injury of October 11, 1996. A Utilization Review dated October 14, 2014 recommended non-certification of Norco 10/325mg QTY: 1.00, Celexa 20mg QTY 1.00, Imitrex 100mg QTY: 1.00, Prevacid 30mg QTY: 1.00, Topamax 100mg QTY: 1.00, Wellbutrin XL 300mg QTY: 1.00, Xanax 0.5mg QTY: 1.00, and Zanaflex 4mg QTY: 1.00. A Progress Report dated August 26, 2014 identifies Chief Complaints of ongoing lower back pain that extends to both legs. Denies any side effects or known impairments; does not display any aberrant behavior. Physical Exam identifies normal findings. Diagnoses identify lumbago, low back pain, and myofascial pain syndrome/fibromyalgia. Treatment Plan identifies continue current meds schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (Hydrocodone/Acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (Hydrocodone/Acetaminophen) is not medically necessary.

Celexa 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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 Page(s): 107 of 127. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Stress Related Conditions, pages 395-396, and 402

Decision rationale: Regarding the request for Celexa (Citalopram), Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to determine a diagnosis of depression. Additionally, there is no documentation indicating whether or not the patient has responded to the current Celexa treatment. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested Celexa is not medically necessary.

Imitrex 100mg: Upheld

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

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

Decision rationale: Regarding the request for Sumatriptan, California MTUS does not contain criteria regarding the use of Triptans medications. ODG states the Triptans are recommended for

migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, there is no indication that the patient has met the criteria for the diagnosis of migraine headaches. Additionally, there is no documentation indicating how often headaches occur, and how the headaches have responded to the use of Triptans medication. In the absence of clarity regarding those issues, the currently requested Sumatriptan is not medically necessary.

Prevacid 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Lansoprazole (Prevacid), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Lansoprazole is not medically necessary.

Topamax 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding request for Topiramate (Topamax), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. In the absence of such documentation, the currently requested Topiramate (Topamax) is not medically necessary.

Wellbutrin XL 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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 Page(s): 50, 61, 159. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Stress Related Conditions, pages 395-396 and 402.

Decision rationale: Regarding the request for Wellbutrin (Bupropion), Chronic Pain Medical Treatment Guidelines states that Wellbutrin is a second-generation non-tricyclic antidepressant has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to determine a diagnosis of depression. Additionally, there is no documentation indicating whether or not the patient has responded to the current Wellbutrin treatment. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested Wellbutrin is not medically necessary.

Xanax 0.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ACOEM Guidelines, 2nd Ed, 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines

Decision rationale: Regarding the request for Xanax (Alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (Alprazolam) is not medically necessary.

Zanaflex 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ACOEM Guidelines, 2nd Edition, 2004

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

Decision rationale: Regarding the request for Tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Tizanidine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested Tizanidine (Zanaflex) is not medically necessary.