

Case Number:	CM14-0022057		
Date Assigned:	05/09/2014	Date of Injury:	02/19/2010
Decision Date:	07/10/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/21/2014

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 56-year-old female who reported an injury on 02/19/2010, the mechanism of injury was not provided within the submitted medical records. Within the psychiatry notes dated 10/09/2013, the physician noted the injured worker's psychiatric medications were being prescribed by her primary care physician and that the primary physician wanted to increase her dose of Venlafaxine; however, the note reported in doing so, there was an increase in the variety of adverse side effects, including an increased heart rate, sweating, sedation, constipation, and weight gain. Within the clinical note dated 01/29/2014, the injured worker reported posterior neck pain in which physical therapy did not improve the pain. Additionally, the injured worker reported left shoulder and hand symptoms. Past surgical history reported a C5-6 fusion done on 02/18/2013. The medication list provided included gabapentin 300 mg, naproxen 500 mg, Levothyroxin 50 mcg, vitamin D tablet, calcium 600 mg, lamotrigine 25 mg. The physical exam revealed tenderness around the left shoulder with mild impingement signs to the left. Range of motion in the neck was 70% of normal. The injured worker's diagnosis included cervical disc displacement. The Request for Authorization was not provided within the submitted medical records indicated usage of the request included depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 500MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for naproxen 500 mg #60 is not medically necessary. California MTUS Guidelines state NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Furthermore, the guidelines state that NSAIDs are recommended as option for short term symptomatic relief. It was also found that NSAIDs had more adverse effects than placebo and acetaminophen with fewer effects than muscle relaxants and narcotic analgesics. Moreover, the guidelines state the duration of continued medication treatment for chronic pain depends on the physician's evaluation of progress toward treatment objectives, efficacy, and side effects as set forth in the introduction of the guidelines. The documentation provided does not support that the injured worker has any functional gains from taking the medication. The documentation further lacks any quantified pain values with or without the medication so it is unknown whether the efficacy of the medication is beneficial to the injured worker. Lastly, the indicated duration of the guidelines state that it is for short term use and there is a documented long term use of the medication. As such, the request is not medically necessary.

LAMOTRIGINE 25MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Lamotrigine Page(s): 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: The request for lamotrigine 25 mg #30 is not medically necessary. California MTUS Guidelines state that lamotrigine has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and central post stroke pain; however, there is a documented secondary use of lamotrigine for major depressive orders. Within the clinical notes it was revealed that the patient had, upon taking lamotrigine, reported numerous adverse effects through the psychiatric evaluation and was unable to increase the dosage. Due to the adverse effects and inability to further titrate up the medication to reach a therapeutic level, it is not supported by the guidelines. As such, the request is not medically necessary.