

Case Number:	CM14-0022743		
Date Assigned:	06/20/2014	Date of Injury:	02/23/2006
Decision Date:	08/07/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Medicine and Rehabilitation 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 50-year-old male who reported an injury on 02/23/2006. The mechanism of injury was repetitive motion. The diagnoses included discogenic syndrome cervical, discogenic syndrome lumbar, reflex sympathetic dystrophy, knee pain, shoulder pain, depression, constipation. Previous treatments include medication and epidural steroid injections. In the clinical note dated 01/14/2014 it was reported the injured worker complained of backache, neck pain, left knee pain, left jaw pain, left arm pain, depression, anxiety, burning in the stomach, radicular pain in the back radiating to the left knee. Upon the physical examination of the cervical spine the provider noted pain in the neck on the left and radiating down the left arm. Cervical spine extension at 10 degrees. The provider noted the lumbar spine flexion was at 40 degrees and extension at 10 degrees. The provider indicated the injured worker had a positive straight leg raise. The provider requested for Motrin, Ambien, Ultram, Klonopin, Risperdal, Nexium, Soma, Elavil, Colace, Cymbalta. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Motrin 1mg, three times a day, #90 with 1 refill (dispensed 1/13/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67,72.

Decision rationale: Request for Motrin 400 mg, #90 with one refill dispensed on 01/13/2014 is not medically necessary. It was reported the injured worker complained of backache, neck pain, left knee pain, left jaw pain, left arm pain, depression, anxiety, burning in the stomach, radicular pain in the back radiating to the left knee. California MTUS Guidelines note Motrin/ibuprofen is used for osteoarthritis and off label for ankylosing spondylitis. The guidelines also note higher doses are generally recommended for rheumatoid arthritis, 400 mg to 800 mg by mouth 3 to 4 times a day, use at the lowest dose effective. The guidelines note higher doses are usually necessary for osteoarthritis. The guidelines note doses over 400 mg have not provided greater relief of pain. There is lack of documentation indicating the injured worker is treated for or diagnosed with osteoarthritis. The request submitted failed to provide the frequency of the medication as evidenced by significant functional improvement. In addition, the injured worker has been utilizing the medication since at least 08/2013. Therefore, the request is not medically necessary.

Prescription of Ambien 10mg, #30 with 1 Refill (Dispensed 1/13/14): 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), 11th Edition (web), 2013, Treatment Index, Chronic Pain, Insomnia Treatment.

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

Decision rationale: The request for Ambien 10 mg, #30 with 1 refill is not medically necessary. It was reported the injured worker complained of backache, neck pain, left knee pain, left jaw pain, left arm pain, depression, anxiety, burning in the stomach, radicular pain in the back radiating to the left knee. Official Disability Guidelines note zolpidem is a prescription short acting benzodiazepine hypnotic which is approved for short term, usually 2 to 6 weeks, treatment of insomnia. The guidelines note proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. Various medications may provide short term benefit, while sleeping pills, so called minor tranquilizers and antianxiety agents, are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. There is lack of documentation indicating the injured worker is treated for or diagnosed with insomnia. The injured worker has been utilizing the medication since at least 08/2013, which exceeds the guidelines recommendations of short term use of 2 to 6 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. In addition, the request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Prescription of Ultram 50mg, four times a day, #120 with 1 refill (dispensed 1/13/14):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Ultram 50 mg 4 times a day #120 with 1 refill dispensed 01/13/2014 is not medically necessary. It was reported the injured worker complained of backache, neck pain, left knee pain, left jaw pain, left arm pain, depression, anxiety, burning in the stomach, radicular pain in the back radiating to the left knee. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. The injured worker has been utilizing the medication since at least 08/2013. Additionally, the use of a urine drug screen was not provided in the documentation submitted. Therefore, the request is not medically necessary.

Prescription of Klonopin 1mg, three times a day, #90 with 1 refill: Upheld

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

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

Decision rationale: The request for Klonopin 1 mg 3 times a day #90 with 1 refill is not medically necessary. It was reported the injured worker complained of backache, neck pain, left knee pain, left jaw pain, left arm pain, depression, anxiety, burning in the stomach, radicular pain in the back radiating to the left knee. The California MTUS Guidelines do not recommend Klonopin for long term use due to long term efficacy being unproven and there is a risk of dependence. The guidelines also note the limited use of Klonopin to 4 weeks. The injured worker had been utilizing the medication for an extended period of time, since at least 08/2013, which exceeds the guidelines recommendation of short term use of 4 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

Prescription of Risperdal 0.5mg, at bedtime, #30 with 5 refills (dispensed on 1/13/14): 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), Treatment Index, 11th edition (web), 2013, Mental/Stress- Risperdal.

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

Decision rationale: The request for Risperdal 0.5 mg at bedtime #30 with 5 refills dispensed on 01/13/2014 is not medically necessary. It was reported the injured worker complained of backache, neck pain, left knee pain, left jaw pain, left arm pain, depression, anxiety, burning in the stomach, radicular pain in the back radiating to the left knee. Official Disability Guidelines do not recommend the use of Risperdal as a first line treatment. There is insufficient evidence to recommend atypical antipsychotic medications for conditions covered in the Official Disability Guidelines. There is lack of documentation the medication indicating had been providing significant objective and functional improvement. The injured worker has been utilizing the medication since at least 08/2013. In addition, the guidelines do not recommend the use of Risperdal as a first line treatment. Therefore, the request is not medically necessary.

Prescription of Nexium 40mg, two times a day, #60 with 1 refill (dispensed 1/13/2014):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Nexium 40 mg twice a day #60 tablets with 1 refill is not medically necessary. It was reported the injured worker complained of backache, neck pain, left knee pain, left jaw pain, left arm pain, depression, anxiety, burning in the stomach, radicular pain in the back radiating to the left knee. The California MTUS Guidelines note proton pump inhibitors such as Nexium are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. Risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, the use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. The documentation submitted did not indicate the injured worker had a history of peptic ulcer, gastrointestinal bleed, or perforation. It does not appear the injured worker is at risk for gastrointestinal events. The injured worker has been utilizing the medication since at least 08/2013. There is lack of documentation indicating the efficacy of the medication as evidenced by significant objective functional improvement. Additionally, there is a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

Prescription of Soma 350mg, two times a day, #60 with 1 refill (dispensed 1/13/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,64.

Decision rationale: The request for Soma 350 mg 2 times a day #60 with 1 refill is not medically necessary. It was reported the injured worker complained of backache, neck pain, left knee pain, left jaw pain, left arm pain, depression, anxiety, burning in the stomach, radicular pain in the back radiating to the left knee. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time and prolonged use of some medications in this class lead to dependence. There is lack of objective findings indicating the injured worker was treated for muscle spasms. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time, since at least 08/2013, which exceeds the guidelines recommendation of short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.

Prescription of Elavil 25mg, at bedtime, #60 with 5 refills (dispensed on 1/13/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The request for Elavil 25 mg at bedtime #60 with 1 refill is not medically necessary. It was reported the injured worker complained of backache, neck pain, left knee pain, left jaw pain, left arm pain, depression, anxiety, burning in the stomach, radicular pain in the back radiating to the left knee. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. There is lack of documentation indicating the injured worker is treated for, diagnosed with, or has signs and symptoms of neuropathic pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the injured worker has been utilizing the medication since at least 08/2013. Therefore, the request is not medically necessary.

Prescription of Colace 100mg, four times a day, #120 with 1 refill (dispensed 1/13/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The request for Colace 100 mg 4 times a day #120 with 1 refill is non-certified. It was reported the injured worker complained of backache, neck pain, left knee pain, left jaw pain, left arm pain, depression, anxiety, burning in the stomach, radicular pain in the back radiating to the left knee. The California MTUS Guidelines recommend prophylactic treatment of constipation should be initiated when on opioid therapy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 08/2013. Therefore, the request is non-certified.

Prescription of Cymbalta 60mg, daily, #30 with 5 refills (dispensed 1/13/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The request for Cymbalta 60 mg daily #30 with 5 refills is non-certified. It was reported the injured worker complained of backache, neck pain, left knee pain, left jaw pain, left arm pain, depression, anxiety, burning in the stomach, radicular pain in the back radiating to the left knee. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. There is lack of documentation indicating the injured worker is treated for or diagnosed with neuropathic pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 08/2013. Therefore, the request is non-certified.