

Case Number:	CM14-0024935		
Date Assigned:	06/11/2014	Date of Injury:	12/30/2003
Decision Date:	08/07/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/27/2014

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 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 49-year-old male with a reported injury on 12/30/2003. The injured worker had an examination on 01/17/2014 for followup regarding opioid dependence, chronic pain syndrome, depressive disorder, brachial plexus disorder, fibromyositis, shoulder pain, and panic disorder without agoraphobia. The injured worker complained of chronic right shoulder pain, neck and arm pain related to the brachial plexus injury and a history of a rotator cuff work injury in 2003. His medications included amitriptyline, Cymbalta, Lyrica, Percocet, and Skelaxin. It was reported that the injured worker was doing exercises and stretches at home. He was not interested in pain psychology and he is not seeing a psychologist. It was noted that he isolated himself from family and friends and he gets depressed. There was no evidence of conservative care to include physical therapy or the use of an NSAID and the efficacy of any of his medications. There is no urinalysis provided for drug toxicity regarding his opioids. The recommended plan of treatment is to refill all of his medications. The Request for Authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 75MG: 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 Antiepilepsy drug, page(s) 16-19 Page(s): 16-19.

Decision rationale: The request for Lyrica 75 mg is not medically necessary. California MTUS Guidelines recommend Lyrica for neuropathic pain due to nerve damage. There is no evidence provided that there are any signs and symptoms of nerve damage. The Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia. There is no evidence of diabetic neuropathy or neuralgia. Furthermore, there are not directions as far as frequency and duration of this medication so therefore, the request for Lyrica is not medically necessary.

OXYCODONE/APAP 5/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74,78 Page(s): 74-78.

Decision rationale: The request for oxycodone/APAP 5/325 mg is not medically necessary. The California MTUS Guidelines do recommend for ongoing management the documentation of pain relief, functional status, appropriate medication use and the side effects, also the physical and psychosocial functioning and the occurrence of any potentially aberrant or nonadherent drug related behaviors. There is a lack of documentation of medication efficacy. There is no report of any side effects and the injured worker declines for psychosocial evaluation at this time. There also is no urinalysis drug toxicity screen provided to determine drug related behaviors. Furthermore, the request for the oxycodone did not come with directions as far as frequency and duration. Therefore, the request for the oxycodone is not medically necessary.

METAXALONE 800MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant, page(s) 63,65 Page(s): 63,65.

Decision rationale: The request for metaxalone 800 mg is not medically necessary. The metaxalone is recommended as a caution for second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxants are effective in reducing pain and muscle tension and increasing mobility. The California MTUS Guidelines also state that the exact mechanism of the metaxalone is unknown. Furthermore, the request does not specify directions as far as frequency and duration. Therefore, the request for the metaxalone is not medically necessary.

AMITRIPTYLINE 100MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page(s) 13,15 Page(s): 13, 15.

Decision rationale: The request for amitriptyline 100 mg is not medically necessary. The California MTUS Guidelines do recommend the assessment of treatment efficacy to include pain outcomes, evaluation of function, changes in the use of other analgesic medications, sleep quality, duration, and psychosocial assessment. The injured worker declines going to a psychologist and does not have a psychological assessment. There is a lack of evidence of efficacy and a lack of evidence of the pain assessment. Furthermore, the request does not specify the directions regarding duration and frequency. Therefore, the request for the amitriptyline is not medically necessary.

DULOXETINE 60MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page(s) 15 Page(s): 15.

Decision rationale: The request for duloxetine 60 mg is not medically necessary. The California MTUS Guidelines do recommend duloxetine for anxiety, depression, diabetic neuropathy and for fibromyalgia. There is a lack of documentation and a lack of diagnosis regarding anxiety and depression and diabetic neuropathy and there is no evidence of fibromyalgia. Again, the injured worker chooses not to go to a psychotherapist at this time. Also, furthermore, the request does not specify directions as far as frequency and duration. Therefore, the request for the duloxetine is not medically necessary.