

Case Number:	CM14-0038289		
Date Assigned:	06/25/2014	Date of Injury:	02/09/2000
Decision Date:	08/11/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/01/2014

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 37-year-old male with a date of injury on 2/9/2000. Diagnoses include myalgia, lumbar disc displacement, anxiety state, and neurotic depression. Subjective complaints are of persistent low back pain rated 8/10 with radiation to the right leg. Medications are helpful, but patient has complaints of fatigue, insomnia, anxiety and depression. Physical exam shows lumbar spine tenderness, and painful lumbar range of motion. Medications include Prilosec, Nuvigil, Cymbalta, Ambien, Oxycontin, Lyrica, Soma, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg IM times One: Overturned

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 Page(s): 67-69.

Decision rationale: CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for back pain. For this patient, moderate to severe pain was present in

the back, and Toradol was requested for acute symptom relief. Therefore, the requested Toradol is medically necessary.

Prilosec 20mg #30: 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): 67-68.

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor (PPI) can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse gastrointestinal (GI) events. Guidelines identify the following as risk factors for GI events: age greater than 65, history of peptic ulcer, GI bleeding or perforation, use of aspirin (ASA), corticosteroids, anticoagulant use, or high dose NSAIDS. The Official Disability Guidelines (ODG) suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is not on chronic NSAID therapy, and there is no evidence of ongoing gastric symptoms. Therefore, the medical necessity of Prilosec (omeprazole) is not established.

Nuvigil 250mg #30: 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 Official Disability Guidelines (ODG), Pain Chapter, Nuvigil.

Decision rationale: The Official Disability Guidelines (ODG) states that Nuvigil is not recommended solely to counteract the sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. This patient is prescribed this medication exclusively for sedation secondary to opioids. There is no evidence of narcolepsy or shift work sleep disorder. Therefore, the medical necessity of this medication is not established.

Cymbalta 30mg #30: Overturned

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 ANTIDEPRESSANTS Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Anti-Depressants.

Decision rationale: The CA MTUS identifies approval of Cymbalta for treatment of anxiety and depression, with off label use for neuropathic pain and radiculopathy. The Official Disability Guidelines (ODG) recommends Cymbalta as an option in first-line treatment of neuropathic pain. ODG also states an FDA panel concluded that Cymbalta was effective in treating chronic low back pain, and they voted in favor to broaden the indication to include the treatment of chronic pain. This patient has been diagnosed with depression, and with chronic pain. Examinations show that the patient continues to have ongoing depression. Guidelines suggest that this medication is recommended as a treatment of depressive disorders and for chronic low back pain. Therefore, the request for Cymbalta is medically necessary.

Ambien 10mg #20: 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), Pain, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines (ODG) suggests that zolpidem (Ambien) is only approved for the short-term treatment of insomnia. The recommended time-frame of usage is usually 2 to 6 weeks and long-term use is rarely recommended. Sleeping pills can be habit-forming, impair function and memory, and increase pain and depression over long-term use. Therefore, continuation of this medication exceeds recommended usage per guidelines, and is not a medical necessity.