

Case Number:	CM14-0040093		
Date Assigned:	06/27/2014	Date of Injury:	06/29/2005
Decision Date:	08/21/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/04/2014

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 Anesthesiology, has a subspecialty in 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 59-year-old female who reported an injury on 06/29/2005. The mechanism of injury was not provided. The diagnoses included left shoulder impingement syndrome, right shoulder thoracic outlet syndrome, bilateral knee pain, carpal tunnel syndrome, and chronic cervical and lumbar spinal pain. Prior therapies included injections, radiofrequency neurotomy, and medications. Per the 03/14/2014 progress report, the injured worker reported back pain located in the upper back and lower back rated 2/10. The injured worker's medications included Abilify, Butrans, Cymbalta, Naproxen, Omeprazole, and Percocet. The physical exam findings included pain to palpation over L3-S1 and tenderness at the left shoulder acromioclavicular joint. The provider requested Fetzima in addition to Abilify, Butrans, Cymbalta, Naproxen, Omeprazole, and Percocet. A request for authorization form for Omeprazole was submitted 03/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fetzima 40mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and psychological assessment. The medical records provided indicate an ongoing prescription for Cymbalta since at least 01/17/2014. The rationale for the request for an additional SNRI was not provided. There is also no indication of the failure of first line antidepressants. Based on this information, the request is not supported. As such, the request for Fetzima 40mg #40 is not medically necessary.

Abilify 5mg #30: 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), Mental and Stress, Aripiprazole (Abilify).

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

Decision rationale: The Official Disability Guidelines state Abilify is not recommended as a first line treatment. Abilify is approved for schizophrenia and acute mania, and as an adjunct second line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. The medical records provided indicate a prescription for Abilify since 01/17/2014. There is a lack of documentation regarding mental health conditions or any psychiatric or emotional difficulties. There is no indication the injured worker had a diagnosis of schizophrenia, acute mania, bipolar disease, or major depressive disorder to warrant the use of Abilify. Based on this information, the request is not supported. As such, the request for Abilify 5mg #30 is not medically necessary.

Butrans 5mcg/hr #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The California MTUS Guidelines state Buprenorphine is recommended for treatment of opiate addiction and is recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The medical records provided indicate a prescription for Butrans since 02/14/2014. There is no indication of opiate addiction or that the injured worker had a history of opiate addiction. The rationale for the request for Butrans was not provided. There is no indication as to the efficacy of the medication. Based on this

information, the request is not supported. As such, the request for Butrans 5mcg/hr #4 is not medically necessary.

Omeprazole 20mg #60 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

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

Decision rationale: The California MTUS Guidelines recommend proton-pump inhibitors for patients taking NSAIDs with current gastrointestinal problems or those at risk for gastrointestinal event. Risks for gastrointestinal event include: age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or anticoagulants; or high dose/multiple NSAID use. The medical records provided indicate a prescription for Omeprazole since at least 01/17/2014. There is a lack of documentation regarding subjective complaints of gastrointestinal problems. There is no indication the injured worker had a history of GI bleeding, perforation, or peptic ulcer. There is no indication as to the efficacy of the medication. Based on this information, continued use is not supported. As such, the request for Omeprazole 20mg #60 x 3 refills is not medically necessary.

Percocet 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The California MTUS Guidelines state opioid management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records provided indicate a prescription for Percocet since at least 02/14/2014. There is a lack of documentation regarding significant pain relief, objective functional improvements, appropriate medication use, and side effects. Based on this information, continued use is not supported. As such, the request for Percocet 5/325mg #120 is not medically necessary.