

Case Number:	CM14-0040558		
Date Assigned:	06/20/2014	Date of Injury:	11/25/2007
Decision Date:	07/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/12/2014

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 Minnesota. 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 53-year-old female who reported an injury on 11/25/2007. The mechanism of injury was described as luggage falling on top of the injured worker causing her to fall. The list of current medications includes diazepam 5 mg 3 times a day, Fluoroplex 0.05% topical cream twice a day, Imitrex 100 mg as needed, lidocaine cream as needed, Lyrica 150 mg once a night, Mizocycline 100 mg without a frequency provided, Norco 10/325 mg twice a day as needed, Pristiq 50 mg once a day in the morning, Retin A micro gel 0.1% topical cream, and Robitussin DM as directed. The injured worker's listed diagnoses include neurogenic bladder, depressive disorder, reflex sympathetic dystrophy, and reflex sympathetic dystrophy of the upper limb. Within the clinical note on 02/17/2014, it was noted to reveal that the patient reported undergoing psychiatric evaluation and was also informed that she was denied a dorsal column stimulator trial. It was further noted by the injured worker that her current medication regimen prevented her from performing any activities of heavy housework including vacuuming, mopping, and the degree of cleaning required for lifting, bending, and twisting. The injured worker further revealed that she had periods of incontinence, especially when coughing. The physical exam reported that the injured worker was using a cane to ambulate with atrophy of the left shoulder girdle and left lower extremity, most notably in the thigh/buttocks and pelvis on the left. The request for authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg Tablets. #90: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines further state that benzodiazepines are recommended to a limited use of up to 4 weeks. With the injured worker having a prolonged use of diazepam and no documentation to show extenuating circumstances as to why the injured worker should exceed the guidelines recommendation for a maximum usage of 4 weeks, the request at this time cannot be supported by the guidelines. As such, the request for Diazepam 5mg tablets #90 is not medically necessary.

Imitrex 100mg Tablets #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Online Edition, Pain and Head Chapter, Sumatriptan (Imitrex).

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

Decision rationale: The Official Disability Guidelines recommend Triptans for migraine sufferers. The guidelines further state that at marketed doses, all oral Triptans are effective and well tolerated. It is further stated that the differences among them are in generally relatively small, but clinically relevant for individual patients. Throughout the documentation there was no indication that the injured worker had continued to suffer from migraine headaches nor was there documentation to show the efficacy of the medication. Without further documentation to show that the injured worker had ongoing migraine headaches and a proven efficacy as a utilization of the medication, the request at this time cannot be supported by the guidelines. As such, the request for Imitrex 100 mg tablets #10 is not medically necessary.

Pristiq 50mg Tablets #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Depressants , Selective serotonin and norepinephrine reuptake inhibitor (SNRI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Daily Med. (n.d.). RSS. Retrieved July 14, 2014, from <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=0f43610c-f290-46ea-d186-4f998ed99fce#section-1>.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain, and is possibly recommended for non-neuropathic pain. However, it was indicated within the documentation that the specific use for Pristiq was for insomnia. The California MTUS Guidelines do not specifically address Pristiq in the application of treatment for insomnia. As such, secondary guidelines were sought. The indicated usage for Pristiq as a norepinephrine reuptake inhibitor, is indicated for the treatment of major depressive disorder. The listed common adverse reactions of Pristiq is noted to be nausea, dizziness, insomnia, hyperhidrosis, constipation, somnolence, decreased appetite, anxiety, and specific male sexual function disorders. Within the documentation, it was not shown the efficacy of the injured worker utilizing this medication as evidenced by reports of sleepiness with and without the medication. It was also noted within the documentation that the indicated usage for this medication was for insomnia; however, the indicated adverse effects of this medication includes insomnia and would be counter intuitive to the actual relief of insomnia by utilizing the medication. Without the documentation to show the efficacy of this medication and documentation to show that this does not adversely affect the diagnosis of insomnia, the request at this time cannot be supported by the guidelines. As such, the request for Pristiq 50 mg tablets #30 is not medically necessary.