

Case Number:	CM14-0044360		
Date Assigned:	08/06/2014	Date of Injury:	07/11/2002
Decision Date:	09/26/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/11/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 48-year-old female who reported an injury on 07/11/2002. The mechanism of injury was not stated. Current diagnoses include cervicgia, unspecified myalgia and myositis, and unspecified disorder of the muscle ligament. The injured worker was evaluated on 03/12/2014 with complaints of persistent neck pain and mid back pain with radiation into the upper extremities. Previous conservative treatment is noted to include medications, physical therapy and injections. The injured worker is also noted to have undergone a cervical spine MRI in 11/2013. The current medication regimen includes Wellbutrin XL 150 mg, Cymbalta 60 mg, Norco 10/325 mg, Gralise 600 mg, trazodone 300 mg, Effexor XR 75 mg, and Zanaflex 2 mg. Physical examination revealed limited cervical range of motion, diminished left upper extremity strength, tight bands on the right, and tenderness to palpation in the upper arm along the cervical spinous processes. Treatment recommendations included continuation of the current medication regimen, a prescription for Maxalt 10 mg, and hand splints. There was no Request for Authorization Form submitted for the requesting date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt 10 mg # 9: 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) Head Chapter, Triptans.

Decision rationale: The Official Disability Guidelines state Triptans are recommended for migraine sufferers. As per the documentation submitted, the injured worker does not maintain a diagnosis of migraines. Therefore, the medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Cymbalta 60 mg #30: Upheld

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

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

Decision rationale: California MTUS Guidelines state Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. As per the documentation submitted, the injured worker has continuously utilized this medication for an unknown duration. The injured worker also utilizes Wellbutrin XL and Effexor XR. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Wellbutrin XL 150 mg #60: Upheld

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

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

Decision rationale: California MTUS Guidelines state Wellbutrin is a second generation non-tricyclic antidepressant that has been shown to be effective in relieving neuropathic pain. As per the documentation submitted, the injured worker has continuously utilized this medication for an unknown duration without any evidence of objective functional improvement. The injured worker also utilizes Cymbalta and Effexor XR. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.

Gralise 600 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines recommend gabapentin for neuropathic pain. The injured worker has continuously utilized this medication since 08/2013 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary or appropriate.

Trazadone 300 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), (TWC) Official Disability Guidelines, Treatment in Workers' Compensation: Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone.

Decision rationale: California MTUS Guidelines recommend antidepressants as an option for neuropathic pain and as a possibility for non-neuropathic pain. The Official Disability Guidelines recommend Trazodone as an option for insomnia, for patients with potentially coexisting mild psychiatric symptoms of depression and anxiety. The injured worker does not maintain a diagnosis of insomnia, depression or anxiety. Therefore, the medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.

Effexor XR 75 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

Decision rationale: California MTUS Guidelines state Effexor is recommended as an option in first line treatment of neuropathic pain. The injured worker has continuously utilized this medication since 08/2013 without any evidence of objective functional improvement. The injured worker also utilizes Cymbalta and Wellbutrin XL. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.

Bilateral Hand Splints for Increase in Pain Control: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), (TWC) Official Disability Guidelines, Treatment in Workers' Compensation: Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: California MTUS/ACOEM Practice Guidelines state when treating of a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night and may be used during the day depending upon activity. The injured worker does not maintain a diagnosis of carpal tunnel syndrome. The medical necessity for the requested durable medical equipment has not been established. As such, the request is not medically necessary or appropriate.