

Case Number:	CM14-0050605		
Date Assigned:	06/25/2014	Date of Injury:	03/05/2006
Decision Date:	08/13/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 Massachusetts. 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 claimant has a history of a work injury occurring on 03/05/06. She continues to be treated for an L5-S1 disc herniation. She was seen by the requesting provider on 09/03/13. There had been a flareup of back pain after she had run out of medications. She reported that medications were providing good pain relief with improved activities of daily living and sleep. Physical examination findings included thoracic and lumbar spine paraspinal muscle spasms and tenderness. There was decreased and painful lumbar spine range of motion. There was back pain with straight leg raising. She had an abnormal gait. On 12/03/13 she was seen with an acute flareup of mid and low back pain. She was requesting medication refills. Physical examination findings appear unchanged. On 02/25/14 pain was rated at 9/10. Physical examination findings included lumbar spine muscle tenderness with mild to moderate muscle spasm and decreased and painful range of motion. There was a healed lumbar spine surgical scar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion 150mg 1 by mouth every morning qty:90 with 2 refills: 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 Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The claimant is status post work-related injury occurring in 2006 and continues to be treated for chronic lumbar spine pain and presumably neuropathic pain with a history of an L5-S1 disc herniation treated surgically. There is a positive response to medications including improved activities of daily living and sleep. Antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Bupropion is a second-generation non-tricyclic antidepressant that has been shown to be effective in relieving neuropathic pain of different etiologies. Dosing recommendations include up to 200 mg twice daily. In this case, however, the quantity prescribed is not consistent with the medication dose being prescribed. Specifically, the claimant is prescribed one tablet per day and #90 rather than #30 was requested.

Citalopram 40mg 1 by mouth at bedtime #90 with 2 refills: 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 Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The claimant is status post work-related injury occurring in 2006 and continues to be treated for chronic lumbar spine pain and presumably neuropathic pain with a history of an L5-S1 disc herniation treated surgically. There is a positive response to medications including improved activities of daily living and sleep. Antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Citalopram is a selective serotonin reuptake inhibitor that inhibits serotonin reuptake without action on noradrenaline reuptake. Dosing recommendations include up to 40 mg daily. In this case, however, the quantity prescribed is not consistent with the medication dose being prescribed. Specifically, the claimant is prescribed one tablet per day and #90 rather than #30 was requested.

Valium 5mg 1 by mouth every morning #30 with 2 refills: 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 Benzodiazepines Page(s): 24.

Decision rationale: The claimant is status post work-related injury occurring in 2006 and continues to be treated for chronic lumbar spine pain and presumably neuropathic pain with a history of an L5-S1 disc herniation treated surgically. There is a positive response to medications including improved activities of daily living and sleep. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety.

Prilosec 20mg 1-2 by mouth every morning #60 with 2 refills: 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 & cardiovascular risk Page(s): 68.

Decision rationale: The claimant is status post work-related injury occurring in 2006 and continues to be treated for chronic lumbar spine pain and presumably neuropathic pain with a history of an L5-S1 disc herniation treated surgically. There is a positive response to medications including improved activities of daily living and sleep. The claimant's medications include the topical nonsteroidal antiinflammatory medication (NSAID) Flector. Topical NSAIDs have a better safety profile than oral NSAIDs. Adverse effects secondary to topical NSAID use occurs in about 10 to 15% of patients and are primarily cutaneous with a rash and/or pruritus where the topical NSAID is applied. Overall, gastrointestinal adverse drug reactions are rare, and not likely associated with topical NSAIDs after adjustment for use of other drugs. This is compared with a 15% incidence reported for oral NSAIDs. In this case the claimant's only identified risk factor for an adverse gastrointestinal event is age greater than 65.

Flector patches apply 12 hours on, 12 hours off #30 with 2 refills: 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 Topical Analgesics Page(s): 111-112.

Decision rationale: The claimant is status post work-related injury occurring in 2006 and continues to be treated for chronic lumbar spine pain and presumably neuropathic pain with a history of an L5-S1 disc herniation treated surgically. There is a positive response to medications including improved activities of daily living and sleep. Topical analgesics are recommended as an option and although primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed may also be useful for chronic musculoskeletal pain. In this case, the claimant has reported benefit with the use of Flector without reported adverse side effect. The dose is within that recommended for use and the quantity requested is consistent with the number being prescribed.

Soma 350mg 1 by mouth twice a day #180 no refills: 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 Carisoprodol (Soma) Page(s): 29.

Decision rationale: The claimant is status post work-related injury occurring in 2006 and continues to be treated for chronic lumbar spine pain and presumably neuropathic pain with a history of an L5-S1 disc herniation treated surgically. There is a positive response to medications including improved activities of daily living and sleep. Physical examination findings include lumbosacral paraspinal muscle spasm and tenderness. Soma (Carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed Carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects.