

Case Number:	CM14-0055566		
Date Assigned:	07/09/2014	Date of Injury:	07/13/2000
Decision Date:	08/28/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/24/2014

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 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:

Patient is a 58 year old male with a date of injury on 7/13/2000. Diagnoses include lumbar radiculopathy, cervical disc disorder, ulnar neuropathy, carpal tunnel syndrome, and status post right wrist/hand fusion surgery in 2013. Subjective complaints are of neck pain, low back pain and right wrist pain. Sleep quality was noted to be fair. Physical exam shows restricted motion in the lumbar and cervical spine. There is cervical facet joint tenderness, and lumbar paravertebral tenderness. Decreased motor strength is present in the bilateral extensor hallucis longus, and there is decreased sensation over the medial foot and first toe. Medications include Neurontin, Prozac, Prilosec, Norco, Lunesta, Lidoderm, Flexeril, Terocin, and Lexapro. Submitted documentation indicates that patient has seen a psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30: 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 ODG states that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbances to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. For this patient, submitted documentation did not show evidence of evaluation for insomnia, or documentation of duration or ongoing efficacy of this medication. Therefore, the medical necessity of Lunesta is not established.

Prozac 20mg: 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 Page(s): 14-16.

Decision rationale: CA MTUS states that antidepressants for chronic pain are recommended as a first line option for neuropathic pain and as a possibility of non-neuropathic pain. For this patient chronic pain is present and documentation indicates that the patient was under psychological care. The patient is on multiple antidepressants consisting of Lexapro and Prozac. Submitted documentation does not indicate failure of other antidepressants or provide rationale and effectiveness for two concurrent antidepressants. Therefore, the medical necessity of Prozac is not established at this time.

Prozac 40mg: 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 Page(s): 14-16.

Decision rationale: CA MTUS states that antidepressants for chronic pain are recommended as a first line option for neuropathic pain and as a possibility of non-neuropathic pain. For this patient chronic pain is present and documentation indicates that the patient was under psychological care. The patient is on multiple antidepressants consisting of Lexapro and Prozac. Submitted documentation does not indicate failure of other antidepressants or provide rationale and effectiveness for two concurrent antidepressants. Therefore, the medical necessity of Prozac is not established at this time.

Prilosec 40 mg: 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/GI RISK Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, PPIs.

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDs. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is on chronic NSAID therapy, and is using omeprazole for GI prophylaxis. Therefore, the use of omeprazole is consistent with guideline recommendations and is medically necessary.

Relafen 750mg: 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): 67-68.

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 symptomatic relief for back pain. For this patient, moderate to severe pain was present in the back, and Relafen was effective for symptom relief. Therefore, the requested Relafen is medically necessary.

Terocin Lotion 10%: 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 Topical Analgesics, Lidoderm Page(s): 111-113, 56.

Decision rationale: Terocin is a compounded medication that includes Methyl Salicylate, Menthol, Lidocaine, and Capsaicin. CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Topical Lidocaine in the form of Lidoderm may be recommended for localized peripheral pain. No other commercially approved topical formulations of Lidocaine are indicated. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical Salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. The Menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. In addition to capsaicin and menthol not being supported for use in this patient's pain, the medical records do not indicate the anatomical area for it to be applied. Due to Terocin not being in compliance to current use guidelines the requested prescription is not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41-142.

Decision rationale: CA MTUS guidelines indicate that the use of cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse effects. This patient had been using a muscle relaxant chronically which is longer than the recommended course of therapy of 2-3 weeks. Furthermore, muscle relaxers in general show no benefit beyond NSAIDS in pain reduction of which the patient was already taking. There is no evidence in the documentation that suggests the patient experienced improvement with the ongoing use of cyclobenzaprine. Due to clear guidelines suggesting cyclobenzaprine as short term therapy and no clear benefit from adding this medication the requested prescription for cyclobenzaprine is not medically necessary.