

Case Number:	CM14-0066868		
Date Assigned:	08/22/2014	Date of Injury:	02/02/1989
Decision Date:	10/06/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/12/2014

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 & Rehabilitation, and is licensed to practice in Texas and Ohio. 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 64-year-old female who reported an injury on 02/02/1989 due to an unknown mechanism. Diagnoses were cervical strain, low back pain, urinary incontinence, benign hypertension, partial seizures, and depression. Past treatments were trigger point injections and Botox injection. Diagnostic studies were not reported. Surgical history was not reported. The physical examination on 03/24/2014 revealed complaints of depression. There were complaints of low and upper back pain also. The examination revealed extremities had no edema. There was some tenderness of the lower back as well as the cervical area. The medications were atenolol, Topamax, Cymbalta, bupropion, Detrol, and lansoprazole. The treatment plan was to continue medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #180 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16,17.

Decision rationale: The decision for Topamax 50 mg quantity 180 x1 refill is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend anti-epilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and an objective functional improvement. There was no documentation of a 30% to 50% decrease in pain or increase in functional improvement. Also, the efficacy of this medication was not reported, and the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Cymbalta 60mg #90 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine Page(s): 43.

Decision rationale: The decision for Cymbalta 60 mg quantity 90 x1 refill is not medically necessary. The California Medical Treatment Utilization Schedule states that Cymbalta is recommended as an option in first line treatment for neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It is FDA approved for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with the effect found to be significant by the end of week 1. The medication has been found to be effective for treating fibromyalgia in women with and without depression, 60 mg once or twice daily. The most frequent side effects included nausea, dizziness, and fatigue. The efficacy of this medication was not reported for the injured worker. Also, the request does not indicate a frequency for the medication. Therefore, request for Cymbalta is not medically necessary.

Bupropion HCL SR 150mg #90 x 1 refill: Upheld

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

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

Decision rationale: The decision for Bupropion HCL SR 150 mg quantity 90 x1 refill is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain, and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes and the use of other analgesic medications, sleep quality and duration, and psychological assessments. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request for Bupropion HCL SR is not medically necessary.

Detrol 4mg #90 x 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's drug consult

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The decision for Detrol 4 mg quantity 90 x1 refill is not medically necessary. The California Medical Treatment Utilization Schedule, ACOEM, and the Official Disability Guidelines do not address this request. Wikipedia states that this drug is used for the symptomatic treatment of urinary incontinence. Detrusor overactivity (contraction of the muscular bladder wall) is the most common form of urinary incontinence in older adults. It is characterized by uninhibited bladder contractions, causing an uncontrollable urge to void. Urinary frequency, urge incontinence, and nocturnal incontinence occur. Abnormal bladder contractions that coincide with the urge to void can be measured by urodynamic studies. Treatment is bladder retraining, pelvic floor therapy, or with drugs that inhibit bladder contractions such as Detrol. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request for Detrol is not medically necessary.

Lansoprazole 30mg #90 x 1 refill: 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), Pain procedure summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The decision for Lansoprazole 30mg #90 x 1 refill is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age greater than 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) a non-selective NSAID with either a PPI (proton pump inhibitor, for example, 20 mg of omeprazole daily) or misoprostol (200 g 4 times daily) or (2) a Cox-2 selective agent. Long term PPI use (greater than 1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The efficacy was not reported for this medication, also the request does not indicate a frequency for the medication. Therefore, the request for Lansoprazole is not medically certified.