

Case Number:	CM14-0068443		
Date Assigned:	07/14/2014	Date of Injury:	05/03/2006
Decision Date:	09/18/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 55-year-old female injured due to a fall at work with subsequent diagnoses of Complex Regional Pain Syndrome of the left upper extremity/right lower extremity, left rotator cuff tendonitis/impingement syndrome, acromioclavicular joint arthritis, left L4-5 disc bulge, and reactive depression due to pain and inactivity. The clinical note dated 07/07/14 indicated the injured worker presented complaining of left upper extremity, right lower extremity, shoulder, and back pain. The injured worker reported increased pain in the right leg described as burning and sensitivity in the calf and lower leg. The injured worker reported increased discoloration in the leg as well as in the left hand. It was noted in the documentation the injured worker was not authorized for Opana ER 5mg twice a day or Flector patches. Provider continued to provide prescriptions to be filled by private insurance or out-of-pocket expense. The documentation indicates the injured worker continued to perform their own activities of daily living. Medications include Opana ER 5mg twice a day, Topamax 100mg every day, Nortriptyline 25mg 2 tablets every night, Celebrex 200mg every day, Lexapro 5mg 2 tablets every day, and Flector 1.3% patch. No physical examination findings provided for review. The initial request was found to be not medically necessary on 05/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Lexapro 5 mg 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: As noted on page 107 of the Chronic Pain Medical Treatment Guidelines, selective serotonin reuptake inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. The documentation indicates the injured worker utilizes the Lexapro for treatment of chronic depression with positive results. As such, the request for 60 Lexapro 5 mg 2 refills is recommended as medically necessary.

30 Celebrex 200 mg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

Decision rationale: As noted on page 30 of the Chronic Pain Medical Treatment Guidelines, Celebrex is the brand name for Celecoxib, and it is produced by Pfizer. Celecoxib is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. NSAIDs are recommended as a second-line treatment after Acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Celebrex 200mg, #30 cannot be established as medically necessary.

60 Opana ER 5 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear

documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. The documentation indicated the injured worker continued to perform activities of daily living without the use of Opana, indicating functionality without significant opioid medications. As such, the medical necessity of 60 Opana ER 5mg cannot be established at this time.

30 Topamax 100 mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Antiepileptic Drugs, Topiramate (Topamax, no generic available) Page(s): 20.

Decision rationale: As noted on page 21 of the Chronic Pain Medical Treatment Guidelines, Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy due to the lack of recent physical examination. As such, the request for 30 Topamax 100mg with 2 refills cannot be recommended as medically necessary.

30 Omeprazole 20 mg: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug (NSAID) use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Documentation indicates the injured worker has a history of prolonged NSAIDs and narcotic use indicating the potential for gastric irritation and need for protection. As such, the request for 30 Omeprazole 20mg is recommended as medically necessary.