

Case Number:	CM14-0072038		
Date Assigned:	07/16/2014	Date of Injury:	07/17/2008
Decision Date:	08/29/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/19/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 47-year-old female who reported an injury on 07/17/2008. The mechanism of injury was not provided. On 12/10/2013, the injured worker presented with low back pain and aching pain in the legs. She also had complaints of numbness in the soles and toes of her feet. The diagnoses were low back pain, discogenic pain, lumbar degenerative disc disease, lumbar radiculitis, lumbar postlaminectomy pain syndrome, and chronic pain syndrome. Upon examination, there was a positive bilateral straight leg raise, 5/5 strength, and 2+ and symmetrical reflexes for both quadriceps and gastrosoleus. There was also a slight angalgic gait to the right. Current medications included Cymbalta, Lyrica, Nexium, Norco, and Lioresal. The provider recommended Lyrica, Zantac, Ambien, Nexium, and baclofen. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Lyrica 75mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: The California MTUS state Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia and has FDA approval for both indications. It is considered a first line treatment for both. Pregabalin is also approved to treat fibromyalgia. The injured worker did not have a diagnosis congruent with the Guideline recommendations for Lyrica. Additionally, the efficacy of the previous Lyrica use was not provided. The provider's request did not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary and appropriate.

Prospective usage of Zantac 150mg #60: 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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to California MTUS Guidelines, Zantac may be recommended for injured workers with dyspepsia secondary to NSAID therapy or of those taking NSAID medications who are at moderate to high risk for gastrointestinal events. The injured worker does not have a diagnosis congruent with the Guideline recommendation of Zantac. Additionally, the injured worker was not at moderate to high risk for gastrointestinal events. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary and appropriate.

Prospective usage of Ambien 12.5mg #30: 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) - TWC Pain Procedure Summary last updated 04/10/2014, Zolpidem (Ambien).

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

Decision rationale: The Official Disability Guidelines state that Ambien is a prescription short acting nonbenzodiazepine hypnotic which is approved for short term usually 2 to 6 week treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long term. The injured worker does not have any signs, symptoms, or diagnoses related to insomnia. Additionally, the documents provided lacked evidence of severity of insomnia and whether the injured worker was having trouble with sleep initiation, maintenance, or early awakening. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary and appropriate.

Prospective usage of Nexium 40mg #60: 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) - TWC Pain Procedure Summary last updated 04/10/2014, Proton Pump Inhibitors (PPI's) Mosby's Drug Consult, Nexium / Esomeprazole.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to California MTUS Guidelines, Nexium may be recommended for injured workers with dyspepsia secondary to NSAID therapy or of those taking NSAID medications who are at moderate to high risk for gastrointestinal events. The injured worker does not have a diagnosis congruent with the Guideline recommendation of Nexium. Additionally, the injured worker was not at moderate to high risk for gastrointestinal events. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary and appropriate.

Prospective usage of Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary last updated 04/10/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain relief and overall improvement in efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The provider's request for baclofen 10 mg #90 exceeds the Guideline recommendation of short term treatment. Additionally, the efficacy of the prior baclofen treatment was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary and appropriate.