MAXIMUS Federal Services

Case Number:	CM14-0085105		
Date Assigned:	07/21/2014	Date of Injury:	02/07/1979
Decision Date:	08/27/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 62 year old male injured on 02/07/79 due to undisclosed mechanism of injury. Neither the specific injury sustained nor the initial treatments rendered were addressed in the clinical documentation submitted for review. Current diagnoses included post-laminectomy pain syndrome status post lumbar discectomy times three, chronic leg post phlebitis syndrome status post vena cava filter with chronic Coumadin therapy, Parkinson disease, post-traumatic right ulnar neuropathy with claw deformity and right hand wasting, narcotic dependency, deconditioning, hypertension, obesity, peripheral neuropathy, reactionary depression, and opioid related decreased testosterone. Clinical note dated 05/20/13 indicated the injured worker presented reporting increased bouts of depression and difficulty coping with current condition. The injured worker reported Pristiq helpful with symptoms of depression; however, had not been covered by current carrier. The injured worker also reported medications were helpful for pain management. Objective findings included depressed mood, wheelchair use, severe lower extremities weakness bilaterally, gait unstable and short-stepped, persistent right hand clawing, interosseous wasting, and edema. Medications included Kadian 100mg twice daily, MSIR 30mg four times daily, Voltaren 75mg twice daily, Valium 5mg twice daily, Pristiq 100mcg once daily, Edluar 10mg sublingual, Sinemet 25/100mg three times daily, baclofen 20mg twice daily, Senokot two tablets twice daily, Colace 100mg four tablets every evening, MiraLax, Duoderm and Silvadene for decubitus ulcer, AndroGel, and Rozerem 8mg every evening. The initial request for Valium 5mg (unspecified quantity), Pristiq 100mcg (unspecified amount), Edluar 10mg (unspecified quantity), and Voltaren 75mg was denied on 06/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg (unspecified quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Benzodiazepines, page(s) 24 Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Additionally, the request failed to provide the quantity and number of refills limiting the ability to assess the medical necessity of the medication. As such the request for Valium 5mg (unspecified quantity) is not medically necessary and appropriate.

Pristiq 100mcg (unspecified Amount): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & StressDesvenlafaxine (Pristiq).

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pristiq is recommended for depression and as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Pristiq (desvenlafaxine) is a serotonin and norepinephrine reuptake inhibitor (SNRI). However, the request failed to provide the quantity and number of refills limiting the ability to assess the medical necessity of the medication. As such, the request Pristiq 100mcg (unspecified Amount) is not medically necessary and appropriate.

Edluar 10mg (unspecified quantity): Upheld

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

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

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Zolpidem can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. Further the request failed to provide the quantity and number of refills limiting the ability to assess the medical necessity of the medication. As such, the request for Edluar 10mg (unspecified quantity is not medically necessary and appropriate.

Voltaren 75mg: Upheld

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

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

Decision rationale: As noted on page 43 of the Chronic Pain Medical Treatment Guidelines, Voltaren is not recommend as first line treatment due to increased risk profile. Post marketing surveillance has revealed that treatment with all oral and topical diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. The United States Federal Drug Administration advised physicians to measure transaminases periodically in patients receiving long-term therapy with diclofenac and issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium. With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or nonpharmacological therapy should be considered. Further the request failed to provide the quantity and number of refills limiting the ability to assess the medical necessity of the medication. As such, the request for Voltaren 75MG is not medically necessary and appropriate.