

Case Number:	CM14-0085917		
Date Assigned:	07/23/2014	Date of Injury:	10/27/2009
Decision Date:	08/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 43-year-old female who reported an injury on 10/27/2009, due to an unknown mechanism. Diagnoses was status post right plantar fascia release on 04/09/2013, status post left foot surgery 10/23/2012, left knee pain, right knee pain, bilateral carpal tunnel syndrome, and bilateral de Quervain's syndrome. Past treatment had been physical therapy, acupuncture, 3 injections into the heel for pain, lithotripsy to the left heel, and shockwave treatment to the feet. Diagnostic studies were MRI of both feet, MRI of the right wrist, and EMG/NCV. Surgical history included right plantar fascia release, bilateral carpal tunnel release, bilateral ulnar nerve entrapment, right wrist arthroscopy with triangular fibrocartilage complex. The injured worker had a physical examination on 06/30/2014, where it was stated she was very frustrated. Apparently, her foot surgery was authorized, it was scheduled, and 2 days before the surgery, she was called and told it was cancelled. It was noted that the injured worker stated without medications, her pain was a 6/10, and coming down to a 2/10 when she would take her Motrin or tizanidine. The Lyrica helped decrease the overall numbness and tingling. Medications helped with activities of daily living. It was noted tha the injured worker was able to walk for exercise but it was limited secondary to foot issues. There were no objective physical exam findings at this office visit. Medications were Motrin 800, 1 twice a day; Lyrica 100 mg, 1 twice a day; Effexor 75 mg, 1 at bedtime; tizanidine 4 mg, 1 to 2 a day; and omeprazole, 1 tablet daily. Treatment plan was to continue medications as directed. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor 75mg #60 Retro 5/5/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine, Antidepressants for Chronic Pain page(s) 123,13, 14 Page(s): 123, 13, 14.

Decision rationale: The request for Effexor 75 mg, quantity 60, retro 05/05/2014, is non-certified. The California Medical Treatment Utilization Schedule states Effexor is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine is a member of the selective-serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It has the FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. For the treatment of non-neuropathic pain it is recommended as an option in depressed patients, but effectiveness is limited. Non-neuropathic pain is generally treated with analgesics and anti-inflammatories. Anti-depressants are an option for the treatment of radiculopathy, but there needs to be documentation and findings on the physical examination. Using anti-depressants for the treatment of chronic pain should include an assessment of treatment efficacy and include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The injured worker did not have a diagnosis to support the use of this medication. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Tizanidine 4mg #120: Upheld

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

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

Decision rationale: The request for tizanidine 4 mg, quantity 120, is non-certified. The California Medical Treatment Utilization Schedule recommends muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker does not have a diagnosis of low back pain or any type of reported muscle spasms. The injured worker is taking 1 to 2 tablets of the tizanidine daily. This is not supported by the guidelines. This medication was to be taken on an as needed basis, not a daily basis. The provider did not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

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

Decision rationale: The request for omeprazole 20 mg, quantity 60, is non-certified. The California Medical Treatment Utilization Schedule states to determine if a patient is at risk for gastrointestinal events, they should be assessed for their age of 65 years or greater, have a history of peptic ulcer, GI bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant or high dose/multiple of NSAIDs. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease, a nonselective NSAID with either a proton pump inhibitor, or a COX-2 selective agent. Long-term proton pump inhibitor use of 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 is recommended, plus a proton pump inhibitor is recommended. Omeprazole is a proton pump inhibitor used to treat heartburn, stomach ulcers, and gastrointestinal events. It also helps to heal a damaged esophagus caused from excess stomach acid. It is available as an over-the-counter medication. The request does not indicate the frequency for the medication. The injured worker does not meet the criteria for the use of this medication. Therefore, the request is not medically necessary.