

Case Number:	CM14-0086972		
Date Assigned:	08/08/2014	Date of Injury:	03/10/1999
Decision Date:	09/12/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/10/2014

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 53 year old male who reported an injury to his neck, mid, and low back on 03/10/99. The injured worker rated the pain 7-9/10 on the visual analog scale. A clinical note dated 12/19/13 indicated the injured worker complaining of headaches with neck pain radiating into the top of the head. The injured worker also reported worsening low back pain with the change in the weather. Pain radiated into the right buttocks. A clinical note dated 01/30/14 indicated the injured worker utilizing extensive list of pharmacological interventions including Cymbalta, Tizanidine, Provigil, Anaprox, and Neurontin for ongoing pain relief. The utilization review dated 04/14/14 resulted in denial for Anaprox, Neurontin, Cymbalta, Tizanidine, Tylenol, as insufficient information had been submitted confirming positive response to the use of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Pain Counseling 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: The injured worker complained of depressive symptomology. Trial of total of six psychological counseling sessions is recommended and with the injured worker demonstrating objective functional improvement additional sessions are to be approved. However, the request for total of 12 sessions exceeds recommended recommendations. Therefore, this request is not fully indicated. Additionally, it appears the injured worker previously underwent psychological treatments. No information was submitted regarding response to previous treatments. Therefore, this request is not fully indicated as medically necessary.

Anaprox DS 550mg #100 with 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. Periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) are recommended for the continued use of NSAIDs. 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 this medication cannot be established as medically necessary.

Neurontin 1200mg #100 with 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 15-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for Gabapentin cannot be recommended as medically necessary.

Cymbalta 60mg #30 with 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 44.

Decision rationale: As noted on page 44 of the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. No information was submitted confirming the presence of depression, neuropathy or increased anxiety. Without the necessary information in place, this request is not indicated.

Tizanidine 4mg #90 with 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66.

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

Decision rationale: Muscle relaxants are recommended as a second-line option for short-term treatment of acute low back pain and for short-term treatment of acute exacerbations in injured workers with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

Tylenol 1000mg #100 with 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11.

Decision rationale: Tylenol is recommended for treatment of chronic pain & acute exacerbations of chronic pain. No information was submitted regarding the injured worker current findings consistent with any acute exacerbations of the chronic pain. Additionally, there is also a recommendation for administering no more than 4,000mg of Tylenol each day. Given these findings, this request is not indicated.

Ultram ER 100mg #30 with 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: Injured workers 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. There were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

Provigil 200mg #30 with 12 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 -Pain chapter; Modafinil (Provigil).

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

Decision rationale: Modafinil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Provigil is indicated to improve wakefulness in adult injured workers with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Injured workers should have a complete evaluation with a diagnosis made in accordance with the international classification of sleep disorders or DSM diagnostic classification prior to prescribing of this medication. The documentation does not indicate that the injured worker is being prescribed Modafinil to counteract excessive sleepiness and is not FDA approved for the treatment of psychiatric conditions.

Thermacare Patches #60 with 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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, Heat therapy.

Decision rationale: Heat therapy has been found to be helpful for pain reduction and return to normal function. However, no information was submitted regarding the efficacy of this medication. No objective data was provided confirming the injured worker's positive response. Given the lack of information regarding the injured worker's positive response, this request is not indicated.