MAXIMUS Federal Services

Case Number:	CM14-0087996		
Date Assigned:	07/23/2014	Date of Injury:	05/03/2008
Decision Date:	08/29/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/11/2014

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 & 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 55-year-old female who reported an injury on 05/03/2006. The injured worker's medication history included antidepressants, non-steroidal anti-inflammatory agents (NSAIDs), and opioids as of 2012. The injured worker was utilizing antiepileptic medications since 2013. The prior treatments included physical therapy, pool therapy, and medications. The documentation of 04/23/2014 revealed the injured worker was utilizing Lexapro for depression and her mood was better since the injured worker was on Lexapro. However, it was noted the injured worker was still severely depressed. The injured worker's pain was much worse over the past 2 weeks. It was opined by the physician this was partially due to the fact the injured worker had severe constipation as Amitiza was not authorized. The injured worker bought Miralax over-the-counter. The injured worker was having low back pain. The medications were noted to be Celebrex 200 mg by mouth every day for neuropathic pain, Lexapro 5 mg 2 per day for reactive depression from inability to work and pain, nortriptyline 25 mg 2 at bedtime for neuropathic pain, Opana ER 5 mg by mouth twice a day for chronic intractable pain, Topamax 100 mg by mouth every day for neuropathic pain for CRPS and chronic migraines, Fexmed 7.5 mg by mouth every day to twice a day for muscle spasms, and had been on pantoprazole but this was non-certified and Amitiza was non-certified. The injured worker was on Flector patches 1.3%. The injured worker indicated her analgesia was fair but significantly improved with medications which allowed her to be independent with her activities of daily living. The injured worker continued to have difficulty with grooming and hygiene and bathing at times requiring some assistance from her husband. The injured worker demonstrated no adverse or aberrant behavior and has no overuse of the medications. The physical examination revealed the injured worker had a PHQ-9 score of 24/30 indicating severe depression. The injured worker had upper

trapezius spasms with trigger points, tenderness to touch, and forward flexion that was decreased, as were the right and left rotation. The injured worker had hyperalgesia over the right lower extremity distal to the knee and left upper extremity. The sitting straight leg raise was positive on the right. The mechanism of injury was a fall at work. The treatment plan included Lexapro 5 mg 2 per day #60 x 2, Protonix 20 mg 2 in the morning for gastroesophageal reflux, Celebrex 200 mg 1 by mouth every day #30 x 2 for musculoskeletal pain, Opana ER 5 mg every 12 hours #60 for chronic intractable pain. The documentation indicated the injured worker underwent a random urine drug screen on 03/26/2014. Additional medications that were prescribed included Topamax 100 mg 1 by mouth every day #30 x 2, continuation of Nortriptyline 25 mg 1 to 2 at bedtime #60 x 2, and omeprazole 20 mg 1 by mouth every day. Additionally, the request was made for pool therapy. Subsequent documentation of 07/07/2014 in appeal indicated the injured worker was having increased pain in the right leg and the injured worker felt like she had tight skin in the calf and low leg. The injured worker had increased discoloration in the leg and the hand. The documentation indicated the injured worker had no overuse or abuse and had random urine drug screens and an opiate contract. The treatment plan included a continuation of the medications. Additionally, there was a request for the continuation of office visits with a pain psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and an objective functional improvement, to include an assessment in the changes and the use of other analgesic medications, sleep quality and duration, and psychological assessments. The clinical documentation submitted for review indicated the medications were helpful and the injured worker had utilized the medications since at least 2012. However, there was a lack of documentation of an objective decrease in pain and objective functional improvement with the medication. The request as submitted failed to indicate the frequency for the request medication. Given the above, the request for Lexapro 5 mg #60 is not medically necessary.

Celebrex 200 mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term symptomatic treatment of low back pain. They are general recommended at the lowest effective dose for the shortest duration of time consistent the individual injured worker treatment goals. There should be documentation of objective functional improvement and objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing NSAIDs since at least 2012. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The clinical documentation failed to indicate a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Celebrex 200 mg #30 with 2 refills is not medically necessary.

Opana ER 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Opioids criteria for use (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management; Opioid dosing Page(s): 60; 78; 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized this classification of medications since at least 2012. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Opana ER 5 mg #60 is not medically necessary.

Topamax 100 mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines See Anti-Epilepsy Drugs, Antidepressants for Chronic Pain (May 2009) (Perrot 2006).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend antiepileptic medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least early 2013. There was a lack of documentation of the above criteria.

The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for Topamax 100 mg #30 with 2 refills is not medically necessary.

Nortriptyline 25 mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and there are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and an objective functional improvement, to include an assessment in the changes and the use of other analgesic medications, sleep quality and duration, and psychological assessments. The clinical documentation submitted for review indicated the medications were helpful and the injured worker had utilized the medications since at least 2012. However, there was a lack of documentation of an objective decrease in pain and objective functional improvement with the medication. The request as submitted failed to indicate the frequency for the request medication. Given the above, the request for Nortriptyline 25 mg #60 with 2 refills is not medically necessary.

Follow up visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chronic.

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, office visits.

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment and may be based on what medications the injured worker is taking since some medications, such as opiates, require close monitoring. The clinical documentation submitted for review indicated the injured worker had been utilizing opiates. However, the request as submitted failed to indicate the frequency and quantity of visits being requested. Additionally, the request as submitted failed to indicate the type of office visit being requested, whether it was a primary care physician or a specialist. Given the above, the request for follow up visits is not medically necessary.