

Case Number:	CM14-0088285		
Date Assigned:	08/08/2014	Date of Injury:	07/26/1999
Decision Date:	10/17/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	06/12/2014

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 Connecticut. 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:

After careful review of the medical records, this is a 60 year old female with complaints of neck pain, headache pain, upper back pain, low back pain. The date of injury is 7/26/99 and the mechanism of injury is fall injury and chemical exposure. At the time of request for the following: 1. CBC panel 12 and lipid AC 2. Latuda 40mg#60x1refill 3. Pristiq 100mg#30x1refill 4. Buspirone 15mg#6x1 refill 5. Tizanidine 2mg 6. Omeprazole 20mg 7. Lunesta 3mg 8. Norco 7.5/325mg 9. Bystolic 10mg. There is subjective (neck, low back pain, headaches, shortness of breath and panic attacks, chest pain and anxiety, upper extremity pain, eye pain/visual complaints) and objective (moderately severe depression, tenderness to palpation paraspinals and trapezius muscles, tenderness sciatic notch, motor, sensory, and deep tendon reflexes are normal) findings, imaging findings (MRI cervical and lumbar spine dated 9/17/01 shows degenerative disc disease multi-level and disc displacements at C5-6 and L5-S1), diagnoses (lumbar radiculopathy with disc bulges, cervical radiculopathy with disc protrusions, thoracic strain, post traumatic headaches, overuse syndrome with carpal tunnel syndrome, depression, chemical exposure), and treatment to date (medications, psychiatric care, wrist bracing, exercise, orthos stim for back). Latuda is an atypical antipsychotic medication for the treatment of bipolar depression. It works either as monotherapy or adjunctive therapy with lithium or valproate. Pristiq is recommended for first line treatment of depression and neuropathic pain especially if there is documentation of a failure of tricyclics. Buspirone is an anxiolytic psychotropic drug that is indicated for the treatment of generalized anxiety disorder. Muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use. PPI's are recommended treatment for patients at risk for gastrointestinal events. However, they are recommended only for short term duration and not for chronic use unless the therapy is adjunctive to long term NSAID use. A

comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. Bystolic is a cardio selective Beta one receptor antagonist indicated for the treatment of essential hypertension. It is second line therapy after a diuretic has been trialed and target blood pressure has not been achieved.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC panel 12 and lipid A1C: 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 Other Medical Treatment Guideline or Medical Evidence: medical records

Decision rationale: Based on review of medical records, there is no progress note by the requesting provider that explains the need for CBC panel 12 and lipid A1C therefore the request for these tests are not medically necessary.

Latuda 40mg # 60 x1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Latuda prescribing information

Decision rationale: Latuda is an atypical antipsychotic medication for the treatment of bipolar depression. It works either as monotherapy or adjunctive therapy with lithium or valproate. As there are no guidelines for Latuda, there needs to be regular psychiatric follow up to continue treatment and specific documentation as to the frequency of follow up. As reviewed from Dr. [REDACTED] notes (psychiatrist), the request as stated for Latuda 40mg #60 with one refill is medically necessary.

Pristiq 100mg # 30 x1 refill: Overturned

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) Mental Illness&Stress, Desvenlafaxine(Pristiq)

Decision rationale: Per ODG, Pristiq is recommended for first line treatment of depression and neuropathic pain especially if there is documentation of a failure of tricyclics. As the documentation does confirm the indication as per [REDACTED] progress notes (psychiatrist), the request for this medication is medically necessary.

Buspirone 15mg # 6 x1 refill: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Buspirone prescribing information

Decision rationale: Buspirone is an anxiolytic psychotropic drug that is indicated for the treatment of generalized anxiety disorder. As there is documentation of psychiatry stating frequency of visit follow ups and indications for this medication (in review of Dr. [REDACTED] progress notes), this medication is medically necessary.

Tizanidine HCL 2mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use. Again, there is no documentation of drug efficacy, improvement in function, nor is there mention of any specific duration of treatment. Therefore, this drug is not medically necessary.

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Proton Pump Inhibitors(PPI)'s

Decision rationale: Per ODG treatment decisions, PPI's are recommended treatment for patients at risk for gastrointestinal events. However, they are recommended only for short term duration and not for chronic use unless the therapy is adjunctive to long term NSAID use. As the gastrointestinal symptoms are related to opioids and there are other pharmacologic choices to treat adverse effects of opioids, therefore, the request for Omeprazole 20mg is not medically necessary.

Lunesta 3mg: 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) Pain(Chronic), Eszopicolone(Lunesta)

Decision rationale: Per ODG, Lunesta is not recommended for long term use, only for short term use. Therefore, this medication is not medically necessary.

Norco 7.5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information, it is my opinion that the request for Norco 7.5/325 is not medically necessary.

Bystolic 10mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearing house.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bystolic prescribing information

Decision rationale: Bystolic is a cardio selective Beta one receptor antagonist indicated for the treatment of essential hypertension. It is second line therapy after a diuretic has been trialed and target blood pressure has not been achieved. In review of the notes, the patient had been on a diuretic requiring a second line drug so therefore this medication is medically necessary.