

Case Number:	CM14-0099457		
Date Assigned:	10/29/2014	Date of Injury:	08/25/2009
Decision Date:	12/05/2014	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	06/27/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 62-year-old male with an 8/25/09 date of injury. According to a progress report dated 5/23/14, the patient presented for medication refills and described his pain as aching and burning. He rated his pain as a 3/10 with medications and stated that it is about 20% better since his last visit. The patient stated that his medications help him to tolerate his pain and improve his ability to sit, stand, walk, sleep, and perform light household chores. The provider noted that the patient's medications will be refilled and he will be seen for follow-up in 2 months. Objective findings: tenderness ulnar aspect of elbow and radiation down ulnar border of right greater than left arm, positive Tinel's at right elbow. Diagnostic impression: sprain/strain of elbow and forearm, CRPS, wrist pain, sprain/strain of wrist. Treatment to date: medication management, activity modification. A UR decision dated 6/21/14 denied the request for Klonopin and modified the requests for Cymbalta, Tramadol, and Neurontin with 4 refills to zero refills. Regarding Klonopin, this medication is only indicated for the treatment of acute anxiety. Anxiety may worsen with chronic use. Regarding Cymbalta, Tramadol, and Neurontin, multiple refills are not supported due to a potential concern for prescription loss, drug diversion, or aberrant drug-seeking behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cymbalta 30mg delayed release #28 with 4 refills for bilateral elbows, forearms and hands DOS:5/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

Decision rationale: CA MTUS states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. However, in the present case, this is a request for a 5-month supply of medication. It is noted that the patient will be seen in 2-months for a follow-up visit. A specific rationale identifying why this patient requires a 5-month supply of medication at this time was not provided. The UR decision dated 6/21/14 modified this request to certify a one-month supply of medication. Guidelines require routine monitoring of a patient's medication use to assess for efficacy, adverse effects, and functional improvement. Therefore, the request for Retrospective request for Cymbalta 30mg delayed release #28 with 4 refills for bilateral elbows, forearms and hands DOS: 5/23/14 is not medically necessary.

Retrospective request for Klonopin 1mg #28 with four refills for bilateral elbows, forearms, hands provided on 5/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. According to the records reviewed, this patient has been on Klonopin since at least 11/10/13, if not earlier. Guidelines do not support the long-term use of benzodiazepine medications. Therefore, the request for Retrospective request for Klonopin 1mg #28 with four refills for bilateral elbows, forearms, hands provided on 5/23/14 is not medically necessary.

Retrospective request for Tramadol 50mg #120 with four refills for bilateral elbows, forearms, and hands provided on 5/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the present case, this is a request for a 5-month supply of medication. It is noted that the patient will be seen in 2-months for a follow-up visit. A specific rationale identifying why this patient requires a 5-month supply of medication at this time was not provided. The UR decision dated 6/21/14 modified this request to certify a one-month supply of medication. Guidelines require routine monitoring of a patient's medication use to assess for efficacy, adverse effects, and functional improvement. Therefore, the request for Retrospective request for Tramadol 50mg #120 with four refills for bilateral elbows, forearms, and hands provided on 5/23/14 is not medically necessary.

Retrospective request for Neurontin 300mg #56 with four refills for bilateral elbows, forearms and hands provided on 5/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Gabapentin Page(s): 16-18. Decision based on Non-MTUS Citation FDA (Neurontin)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, this is a request for a 5-month supply of medication. It is noted that the patient will be seen in 2-months for a follow-up visit. A specific rationale identifying why this patient requires a 5-month supply of medication at this time was not provided. The UR decision dated 6/21/14 modified this request to certify a one-month supply of medication. Guidelines require routine monitoring of a patient's medication use to assess for efficacy, adverse effects, and functional improvement. Therefore, the request for Retrospective request for Neurontin 300mg #56 with four refills for bilateral elbows, forearms and hands provided on 5/23/14 is not medically necessary.