

Case Number:	CM14-0162617		
Date Assigned:	10/07/2014	Date of Injury:	09/08/2009
Decision Date:	09/28/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, who sustained an industrial injury on 9-08-2009. Diagnoses include cervical spine sprain or strain, status post crush injury to the left upper extremity with symptoms of left brachial plexopathy versus complex regional pain syndrome, cervical radiculopathy, right shoulder and right elbow pain secondary to compensatory effects, depression, posttraumatic stress disorder secondary to industrial injury, obstructive sleep apnea of industrial causation and low back pain with L5-S1 3-4 mm central to left paracentral disc protrusion with bilateral lower extremity radicular pain. Treatment to date has included stellate ganglion blocks, psychiatric evaluation, medications and L5-S1 epidural steroid injection (ESI) (2-06-2014) with 50% improvement in symptoms. Current medications include Norco, Lyrica, Prozac and Omeprazole. Per the Primary Treating Physician's Progress Report dated 5-08-2014, the injured worker reported neck, left shoulder and upper extremity pain. He also reported headaches and he notes a slight increase in back pain over the last week. Lower extremity pain is present but not severe. Physical examination of the cervical spine revealed mild tenderness in the bilateral paraspinal musculature and bilateral upper trapezius musculature. He has moderate tenderness in the left supra infrascapular musculature. Upper extremity exam revealed diffuse tenderness over the left elbow and forearm. He has a rigid brace in place in the left upper extremity. There is mild to moderate swelling, restricted range of motion and significant allodynia. Lumbar range of motion was restricted. The plan of care included medication management and authorization was requested for Norco 10-325mg #60, Fluoxetine (Prozac) 20mg #30, Lyrica 150mg #90 and Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastro-intestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" The documentation submitted for review does not indicate NSAID use. It is noted that the injured worker was diagnosed with gastritis and GERD, however, no specific gastrointestinal complaint was documented. Absent such documentation, the request is not medically necessary.

Lyrica 150mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-17, 99.

Decision rationale: Per MTUS CPMTG, "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved

to treat fibromyalgia."Pregabalin is the prodrug of gabapentin and is often used when gabapentin is clinically not sufficiently effective. Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per MTUS CPMTG p 17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The most recent report dated 7/31/14 noted that the injured worker rated pain 7/10 with medications and 10/10 without. He also reported 40% improvement in functions with medications. He noted improvement in the ability to perform activities of daily living including light stretching program and activities around the home. I respectfully disagree with the UR physician's assertion that the medical records did not contain evidence of functional benefit as a result of medication. The request is medically necessary.

Fluoxetine 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Antidepressants for treatment of MDD.

Decision rationale: The MTUS is silent on the treatment of major depressive disorder. Per the ODG guidelines with regard to antidepressants: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association, 2006) The requested medication is indicated for the injured worker's depression. It was noted per progress report dated 7/31/14 that the combination of pain medications and psychotropic medications have been beneficial in reducing the symptoms to a tolerable level. Without medication, the injured worker states being confined to bed or chair and has a significant decrease in the quality of life. I respectfully disagree with the UR physician's assertion that the documentation does not support the use of this medication. The request is medically necessary.

Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The most recent report dated 7/31/14 noted that the injured worker rated pain 7/10 with medications and 10/10 without. He also reported 40% improvement in functions with medications. He noted improvement in the ability to perform activities of daily living including light stretching program and activities around the home. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The documentation notes that UDS show compliance with prescribed medications and that opioid agreement has been signed, however, no UDS reports are available for review. I respectfully disagree with the UR physician's assertion that the documentation does not support the ongoing use of opioids. The request is medically necessary.