

Case Number:	CM14-0163741		
Date Assigned:	10/08/2014	Date of Injury:	12/04/2001
Decision Date:	01/08/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/06/2014

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 and Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of 12/4/01. A utilization review determination dated 9/17/14 recommends non-certification of TENS unit replacement and Voltaren gel. Modification was recommended for Geodon, Cymbalta, Colace, Senna, Baclofen, and diazepam. Psychiatry follow-up was certified. 10/13/14 medical report identifies low back pain in SI joint area. She is on Geodon for bipolar disease and diazepam for anxiety and back spasms. She takes Dilaudid and oxycodone IR. She uses baclofen. Pain is mild and usually 2/10. She is independent with self-care, homemaking chores, exercise, walking, shopping, and working. Geodon 60 mg change made in the last couple of months is not working as well as 80 mg per the patient, so she asked about returning to that dosage. On exam, pain is noted to be 5/10 and no abnormal findings are noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Geodon 60mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Drugs.com (<http://www.drugs.com/geodon.html>)

Decision rationale: Regarding the request for Geodon, the California MTUS Guidelines and the Official Disability Guidelines do not address the issue. Geodon is used to treat schizophrenia and the manic symptoms of bipolar disorder per the FDA. Within the documentation available for review, the patient is noted to have bipolar disorder and appears to respond to Geodon. While ongoing use may be appropriate, the current prescription for approximately 6 months of treatment is not conducive to routine reevaluation for efficacy. Furthermore, the patient has noted that the 60 mg dose is not as effective as the 80 mg dose that she was currently utilizing. Unfortunately, there is no provision for modification of the current request to allow for dosage or quantity/duration adjustments. In light of the above issues, the currently requested Geodon is not medically necessary.

Cymbalta 60mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50, 61, 159.

Decision rationale: Regarding the request for Cymbalta, Chronic Pain Medical Treatment Guidelines states that Cymbalta is an SNRI antidepressant that has been shown to be effective in relieving neuropathic pain of different etiologies. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, the patient is noted to be utilizing the medication for depression. While ongoing use may be appropriate, the current prescription for approximately 6 months of treatment is not conducive to routine reevaluation for efficacy. Unfortunately, there is no provision for modification of the current request to allow for quantity/duration adjustments. In light of the above issues, the currently requested Cymbalta is not medically necessary.

Replacement TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be

documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief, function, and decreased pain medication usage. Within the documentation available for review, the request is noted to be for a replacement TENS unit, but there is no documentation identifying the patient's response to prior TENS use including how often the unit was used, outcomes in terms of pain relief, function, and decreased pain medication usage. In the absence of clarity regarding those issues, the currently requested TENS is not medically necessary.

Colace 250mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Colace, Chronic Pain Medical Treatment Guidelines does support the prophylaxis of constipation for patients utilizing chronic opioid therapy. Within the documentation available for review, the patient is noted to be utilizing opioids. While ongoing use may be appropriate, the current prescription for approximately 6 months of treatment is not conducive to routine reevaluation for efficacy. Unfortunately, there is no provision for modification of the current request to allow for quantity/duration adjustments. In light of the above issues, the currently requested Colace is not medically necessary.

Senna 8.6mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Senna, Chronic Pain Medical Treatment Guidelines does support the prophylaxis of constipation for patients utilizing chronic opioid therapy. Within the documentation available for review, the patient is noted to be utilizing opioids. While ongoing use may be appropriate, the current prescription for approximately 6 months of treatment is not conducive to routine reevaluation for efficacy. Unfortunately, there is no provision for modification of the current request to allow for quantity/duration adjustments. In light of the above issues, the currently requested Senna is not medically necessary.

Voltaren Gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for Voltaren gel, Chronic Pain Medical Treatment Guidelines states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. In light of the above issues, the requested Voltaren gel is not medically necessary.

Baclofen 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for baclofen, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested baclofen is not medically necessary.

Diazepam 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications.

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

Decision rationale: Regarding the request for diazepam, Chronic Pain Medical Treatment Guidelines state the benzodiazepines 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... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no rationale provided for long-term use of the medication despite the guideline recommendations against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested diazepam is not medically necessary.

1 follow up with a psychiatrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

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 and Stress Chapter, Office visits

Decision rationale: Regarding the request for follow-up with a psychiatrist, California MTUS Guidelines do not specifically address the issue. The Official Disability Guidelines cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring...The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, the patient has psychiatric diagnoses and is utilizing psychiatric medication. Follow-up with psychiatry is reasonable to monitor the patient's progress and make appropriate changes to the treatment plan. In light of the above, the currently requested follow-up with a psychiatrist is medically necessary.