

Case Number:	CM14-0179192		
Date Assigned:	12/12/2014	Date of Injury:	03/21/2007
Decision Date:	01/21/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/28/2014

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 Interventional Spine 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:

The patient is a 52 year old female with an injury date on 03/21/2007. Based on the 09/29/2014 progress report provided by the treating physician, the diagnoses are recurrent major depressive episodes, moderate, degeneration of lumbosacral Intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, thoracic outlet syndrome and psychophysiological disorder According to this report, the patient presents for a "medical reevaluation regarding her lumbar degenerative disc disease, thoracic outlet syndrome, regional myofascial pain, bilateral shoulder pain and chronic pain syndrome with both sleep and mood disorder. Physical exam findings were not included in the report for review. Treatment to date includes "2-level cervical epidural injections (CS and C6) every 4 weeks x 4,"and bilateral nerve block for TOS, L4-L5 epidural, bilateral shoulder surgeries: left rotator cuff and right Mumford release. The 08/18/2014 report indicate the patient stated sleep management techniques and add brief meditation to help her with sleep and reduce her anxiety. There were no other significant findings noted on this report. The utilization review denied the request for (1)Effexor XR 150 mg #30 with 3 refills, (2)Lidoderm 5% #90 with 3 refills, (3) Lunesta 2 mg #30 with 3 refills, and (4) Omeprazole 20 mg #60 with 3 refills on 10/15/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 10/15/25013 to 09/292014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 150 mg #30 with 3 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; Medications for chronic pain Page(s): 13-15; 60.

Decision rationale: According to the 09/29/2014 report, this patient presents with low back pain, myofascial pain, shoulder pain and chronic pain syndrome with both sleep and mood disorder. The current request is for Effexor XR 150 mg #30 with 3 refills. This medication was first mentioned in the 10/15/2013 report; it is unknown exactly when the patient initially started taking this medication. The MTUS page 13 states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." In reviewing of the reports, the patient states that she is trying to stop taking her "Effexor--as she feels that they are not working as well as they used to." In this case, the patient is prescribed Effexor XR for probably depression and neuropathic pain. However, the treating physician provided no documentation to review to indicate that the previous usage of Effexor provided pain relief or increase in function as required by MTUS page 60. Therefore, the current request is not medically necessary.

Lidoderm 5% #90 with 3 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 Medication for chronic pain Lidoderm (lidocaine patch) Lidocaine Page(s): 60; 56-57; 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Lidoderm® (lidocaine patch)

Decision rationale: According to the 09/29/2014 report, this patient presents with low back pain, myofascial pain, shoulder pain and chronic pain syndrome with both sleep and mood disorder. The current request is for Lidoderm 5% #90 with 3 refills. Lidoderm patch was first mentioned in the 10/15/2013 report. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the reports show the patient has neuropathic pain symptoms associated with lumbar degenerative disc disease and thoracic outlet syndrome but this is not a localized condition. Lidoderm is not indicated for axial spinal pains. Furthermore, the treating physician did not discuss how this patch is used and with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Therefore, the current request is not medically necessary.

Lunesta 2 mg #30 with 3 refills: Upheld

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

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: Insomnia Eszopicolone (Lunesta) Chapter, Mental Illness & Stress

Decision rationale: According to the 09/29/2014 report, this patient presents with low back pain, myofascial pain, shoulder pain and chronic pain syndrome with both sleep and mood disorder. The current request is for Lunesta 2 mg #30 with 3 refills. This medication was first mentioned in the 10/15/2013 report; it is unknown exactly when the patient initially started taking this medication. Regarding Lunesta, the MTUS and ACOEM Guidelines do not discuss, but ODG Guidelines discuss Lunesta under insomnia and state "Lunesta has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine receptor agonist FDA approved for use longer than 35 days." Under Stress chapter, it states "Not recommended for long-term use, but recommended for short-term use." Review of the available reports indicate that the "patient is still also taking Lunesta which does not work very well." In this case, the patient has been on this medication for a long-term, since 10/15/2013 with no benefits documented. ODG guidelines do not support long term use of this medication. The current request is not medically necessary.

Omeprazole 20 mg #60 with 3 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 PPI: NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 09/29/2014 report, this patient presents with low back pain, myofascial pain, shoulder pain and chronic pain syndrome with both sleep and mood disorder. The current request is for Omeprazole 20 mg #60 with 3 refills. This medication was first mentioned in the 10/15/2013 report; it is unknown exactly when the patient initially started taking this medication. The MTUS page 69 states under NSAIDs prophylaxis to discuss; GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the reports show that the patient is not currently on NSAID and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints

and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the physician does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.