

Case Number:	CM14-0197011		
Date Assigned:	12/05/2014	Date of Injury:	04/25/2001
Decision Date:	01/20/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal Medicine, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas. 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 67 year old female with a date of injury of 4/25/2001. She is being treated for myalgia/myositis, displacement of lumbar intervertebral disc without myelopathy and cervicalgia. She has a history of depression, fibromyalgia, back problems and stomach ulcers. Subjective findings from her visit on 10/30/14. Objective findings include normal upper extremities, tenderness on palpation of the bilateral cervical paraspinal soft tissue and bilateral trapezius musculature. Lower extremities reveal a decreased deep tendon reflexes of right knee but are otherwise unremarkable. Lumbar exam demonstrates bilateral lumbosacral tenderness and limited flexion and extension secondary to pain. Radiographs are not available. Therapy has included multiple medications (MS Contin, Xanax, Crestor, Lunesta, Tylenol #3, Imitrex, and Lyrica). Her condition is reported as stable and pain is controlled with her current medication regiment. There is no documentation of functional capacity noted. On 11/6/14, Utilization Review non-certified Lyrica based on a limited neurological exam and no clear indication due to her stable condition. Tylenol #3 was non-certified based on lack of documentation of non-malignant pain and lack of fulfillment of key goal outcomes. Xanax was non-certified based on no documentation of the need for this medication and it is not recommended for long-time use in depression. Lunesta was not recommended based on the lack of documentation of insomnia due to pain and her stable condition. MTUS Chronic Pain Guidelines were referenced for the above non-certifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 25mg caps 1 p.o. BID #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anti-epilepsy drugs (AEDs) for pain

Decision rationale: MTUS and ODG state that "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references." "The patient does not have a history of neuropathic pain or postherpetic neuralgia. She does have a history of fibromyalgia in addition to her chronic pain syndrome which is documented on her most recent visit of 10/30/14 as being stable and pain is well controlled on her current pain regimen. The documentation fails to provide adequate rationale for the addition of this medication as her condition is stable and pain controlled. Of note, she has tried this medication in the past at a higher dose and needed to stop it secondary to side effects (dizziness). As such, the request for 1 Prescription of Pregabalin 25mg 1 p.o. BID #60 RF2 is not medically necessary.

Tylenol #3 one p.o. q 4-6 hours prn #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88 & 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has been on this medication since 02/03/09 and thus has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the question for Tylenol #3 one p.o. q 4-6 hours prn #60 with 2 refills is not medically necessary.

Xanax 0.5mg one tablet three times a day with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: Per MTUS guidelines, benzodiazepines like Xanax, 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." (Baillargeon, 2003) (Ashton, 2005) This patient has a history of depression and has been treated with Xanax since 04/12/11. She has well exceeded the recommended 4 week limit for this medication. The UR recommended Xanax 0.5mg #45 to commence weaning of this medication due to its risk of dependence. The records fail to provide a recommended long term indication for this medication. In this case, it is assumed to be for depression and anxiety. There is no documentation of a primary antidepressant to treat her condition. As such, the request for Xanax 0.5mg one tablet three times a day with 2 refills is not medically necessary.

Lunesta 3mg one tablet at bedtime as needed: 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) Chronic Pain, Insomnia, Mental Illness, Eszopicolone (Lunesta)

Decision rationale: MTUS is silent specifically regarding eszopicolone (Lunesta), therefore other guidelines were utilized. ODG states regarding Eszopicolone, "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase." For insomnia ODG recommends that "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical records do not indicate patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least

six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents indicate that the patient has been on Eszopiclone since at least 10/07/10, far exceeding the guidelines. Additionally, medical records do not indicate what components of insomnia has been addressed, treated with conservative measures, and the results of those conservative treatments. As such, the request for 1 Prescription of Eszopiclone 3mg is not medically necessary.