

Case Number:	CM14-0204288		
Date Assigned:	12/16/2014	Date of Injury:	02/08/2006
Decision Date:	02/04/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/06/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 50-year-old man who sustained a work-related injury on February 8, 2006. Subsequently, he developed chronic low back pain. According to a progress report dated October 24, 2014, the patient reported pain in the neck, right shoulder, right wrist, low back, and left leg. The patient has been off work since 2006. Omeprazole was being used for GI upset due to medication use. The patient was diagnosed with chronic pain disorder, cervical radiculopathy, status post right shoulder surgery, disc protrusion at L5-S1, right carpal tunnel syndrome, hypogonadism, gynecomastia, status post C5 and C6 ACDF, right shoulder impingement syndrome, lumbar musculoligamentous injury, lumbar radiculopathy, and anxiety. The provider requested authorization for Lyrica, Zoloft, Omeprazole, and Suboxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150ng #90, 1 refill: 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 Lyrica Page(s): 20.

Decision rationale: referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain>>. There is no clear documentation of neuropathic pain in this patient that required and responded to previous use of Lyrica. In addition, there is no clear proven efficacy of Lyrica for back pain. Therefore, Lyrica 150mg, #90 is not medically necessary.

Zoloft 50mg #90, 1 refill: 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) < Antidepressants for chronic pain (<http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Antidepressants>)>.

Decision rationale: Zoloft is an antidepressant of the SSRI family. According to ODG guidelines, < Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) 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. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). Tricyclic are recommended over selective serotonin reuptake inhibitors.>Zoloft is used less than other tricyclic antidepressant for chronic pain. Zoloft was previously used for this patient without clear documentation of efficacy. In addition, there is no documentation that the patient is suffering from depression. There is no clear rationale for using Zoloft rather than a tricyclic antidepressant drug if it is used for pain management. Therefore, the prescription of Zoloft is not medically necessary.

Omeprazole 20mg #90, 1 refill: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for

gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of Omeprazole. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg prescription is not medically necessary.

Suboxane 8mg #90, 1 refill: 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 Buprenorphine Page(s): 26.

Decision rationale: According to MTUS guidelines, Suboxone 8 mg #90 is recommended to treat opiate addiction. There is no evidence or documentation of continuous opioids use. Furthermore, there is no evidence for the need of more opioids use that may expose the patient to the risk of addiction. Therefore, the prescription of Suboxone 8 mg #90 is not medically necessary.