

Case Number:	CM14-0208981		
Date Assigned:	12/22/2014	Date of Injury:	06/21/2004
Decision Date:	02/18/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 60 year old male patient who sustained a work related injury on 6/21/2004. The exact mechanism of injury was not specified in the records provided. The current diagnoses include strain of the cervical and lumbar region, headache, anxiety, depression, s/p electrocution with migraine, brain injury with photosensitivity and GERD. Per the doctor's note dated 11/10/14, patient has complaints of neck and back pain with radiation of pain and numbness in the bilateral upper and lower extremities at 4/10. The patient has had temporal headache, insomnia, visual disturbances, and photophobia. Physical examination of the cervical region revealed limited range of motion and tenderness on palpation. Physical examination of the lumbar region revealed limited range of motion and tenderness on palpation, muscle spasm, and decreased sensation in the L3-4 dermatome. The patient has had neuropsychological evaluation that revealed he had major depressive disorder and cognitive disorder. The current medication lists include Tramadol, Propranolol, Neurontin, Imitrex, Lexapro and Flexeril. Diagnostic imaging reports were not specified in the records provided. Any surgical or procedure note related to this injury were not specified in the records provided. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg quantity 30 with 1 refill: Overturned

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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients ..." Per the doctor's note dated 11/10/14, patient has complaints of neck and back pain with radiation of pain and numbness in the bilateral upper and lower extremities at 4/10 and physical examination of the cervical region revealed limited range of motion and tenderness on palpation and physical examination of the lumbar region revealed limited range of motion and tenderness on palpation, muscle spasm, and decreased sensation in the L3-4 dermatome. The patient has objective evidence of muscle spasms as well as has symptoms and objective evidence (decreased sensation) suggestive of lumbar radiculopathy. Therefore, this request is medically necessary.

Propranolol 10mg quantity 60 with 1 refill: Overturned

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), Head (updated 01/21/15) Botulinum Toxin for Chronic Migraine

Decision rationale: As per cited guideline for the medication Propranolol "Recommended as indicated below for prevention of headache in patients with chronic migraine..... Amitriptyline, beta blockers (metoprolol, propranolol, and timolol), topiramate as well as valproic acid and its derivatives, are first-line agents for the treatment of chronic migraines." As per records provided the patient has had a history of headaches and he is taking Propranolol for prevention of migraine headachesTherefore, this request is medically necessary.

Imitrex 50mg quantity 30 with 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), Head Chapter (updated 08/11/14) Triptans and on the Non-MTUS Thompson Micromedex-FDA Labeled Indications, Drug-Imitrex Migraine, acute, with or without Aura

Decision rationale: Imitrex is used to treat migraine headaches in adults, with or without aura. MTUS guideline does not specifically address this issue; hence, Official Disability Guidelines (ODG) and Thompson Micromedex used. Thompson Micromedex-FDA Labeled indication of drug- Imitrex includes Migraine, acute, with or without aura. The detailed response to the Propranolol was not specified in the records provided nor was the dose, duration and response to other medications for acute migraine (NSAIDS) specified in the records provided. A detailed neurological examination is not specified in the records provided. Any imaging study for the headache is not specified in the records provided. Imitrex is typically used for treatment of an acute episode of migraine. It has been prescribed in a quantity of 30 tablets with one refill which is for daily use. The medical necessity of the request for Imitrex 50mg quantity 30 with 1 refill, as prescribed, is not fully established in this patient. Therefore, this request is not medically necessary.

Lexapro 20mg quantity 30 with 1 refill: Overturned

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 SSRIs (Selective Serotonin Reuptake Inhibitors) Page(s): 107.

Decision rationale: Escitalopram also known by the brand names Lexapro and CipraleX among others is an antidepressant of the selective serotonin reuptake inhibitor (SSRI) class. According to the CA MTUS chronic pain guidelines cited below SSRIs (selective serotonin reuptake inhibitors) are "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain." The current diagnoses include strain of the cervical and lumbar region, headache, anxiety, depression, status post electrocution with migraine, brain injury with photosensitivity and GERD. Per the doctor's note dated 11/10/14, the patient has complaints of neck and back pain with radiation of pain and numbness in the bilateral upper and lower extremities at 4/10. The patient has had temporal headache, insomnia, visual disturbances, and photophobia. Physical examination of the cervical region revealed limited range of motion and tenderness on palpation. Physical examination of the lumbar region revealed limited range of motion and tenderness on palpation, muscle spasm, and decreased sensation in the L3-4 dermatome. The patient has had a neuropsychological evaluation that revealed he had major depressive disorder and cognitive disorder. Therefore, this request is medically necessary.

Neurontin 300mg quantity 330 with 1 refill: Overturned

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
Gabapentin Page(s): 18.

Decision rationale: According to the CA MTUS Chronic pain guidelines regarding Neurontin/gabapentin, "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Spinal cord injury: Recommended as a trial for chronic neuropathic pain. Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit... This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid." The current diagnoses include strain of the cervical and lumbar region, headache, anxiety, depression, s/p electrocution with migraine, brain injury with photosensitivity and GERD. Per the doctor's note dated 11/10/14, the patient has complaints of neck and back pain with radiation of pain and numbness in the bilateral upper and lower extremities at 4/10. Physical examination of the cervical region revealed limited range of motion and tenderness on palpation. Physical examination of the lumbar region revealed limited range of motion and tenderness on palpation, muscle spasm, and decreased sensation in the L3-4 dermatome. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptic like gabapentin / Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Neurontin 300mg quantity 330 with 1 refill in patients with this clinical situation; therefore, this request is medically necessary.

Restasis 0.05% quantity 60 with 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 Thompson Micromedex-FDA Labeled indications; Drug- Cyclosporine, Cardiac Transplant Rejection, Keratoconjunctivitis Sicca, Liver Transplant Rejection, and Renal Transplant Rejection, in Combination with Corticosteroid

Decision rationale: MTUS and Official Disability Guidelines (ODG) does not specifically address this issue; hence, micro medex used. Restasis (cyclosporine) is an immunosuppressive agent. Cyclosporine may reduce inflammation in the eye(s). Restasis is used to treat chronic dry eye that may be caused by inflammation. Thompson Micromedex-FDA Labeled indications; Drug Restasis include cardiac transplant rejection, keratoconjunctivitis sicca, liver transplant rejection, and renal transplant rejection, in combination with corticosteroid. Any of these indications for the use of Restasis 0.05% was not specified in the records provided. Rationale for Restasis 0.05% was not specified in the records provided. A detailed recent examination of the eye was not specified in the records provided. Any significant functional deficits of the eye that would require Restasis 0.05% was not specified in the records provided. The medical necessity of the request for Restasis 0.05% quantity 60 with 1 refill is not fully established in this patient. Therefore, this request is not medically necessary.

Systane liquid gel drops 0.3-0.4% with 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 PubMed, Prevalence of ocular Symptoms and Signs with Preserved and Preservative Free Glaucoma Medication. Br J Ophthalmol. 2002 Apr;86(4):418-23. PubMed, Ocular symptoms and signs with preserved and preservative-free glaucoma medications. Eur J Ophthalmol. 2007;17(3):341

Decision rationale: MTUS and Official Disability Guidelines (ODG) does not specifically address this issue; hence, pub med used. Systane is scientifically formulated to shield eyes from dry eye discomfort so that eyes feel moist and refreshed longer for temporary relief of burning and irritation due to dryness of the eye. Active Ingredients: Polyethylene Glycol 400 0.4% and Propylene Glycol 0.3% as lubricants. As per cited guideline "Compared to preserved eye drops, preservative free eye drops are significantly less associated with ocular symptoms and signs of irritation." "Symptoms and signs are less prevalent when PF drops are used. Moreover, most of the adverse reactions induced by P glaucoma medication are reversible after removing preservatives." Any evidence of dryness of the eye was not specified in the records provided. Any of these indications for the use of Systane liquid gel drops 0.3-0.4% was not specified in the records provided. Rationale for Systane liquid gel drops 0.3-0.4% was not specified in the records provided or a detailed recent examination of the eye. Any significant functional deficits of the eye that would require Systane liquid gel drops 0.3-0.4% was not specified in the records provided. The medical necessity of the request for Systane liquid gel drops 0.3-0.4% with 1 refill is not fully established in this patient. Therefore, this request is not medically necessary.

Tramadol Hcl 50mg quantity 90 with 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 Central Acting Analgesics; Opioids for Neuropathic Pain, pages 75; 82 Page(s): 75;82.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. The patient is having

chronic pain and is taking Tramadol for this injury. Response to Tramadol in terms of functional improvement is not specified in the records provided. The level of the pain with and without medications is not specified in the records provided. Short term or prn use of Tramadol for acute exacerbations would be considered reasonable appropriate and necessary. However, any evidence of episodic exacerbations of severe pain was not specified in the records provided. The rationale for Tramadol Hcl 50mg quantity 90 with 1 refill for episodic exacerbations of severe pain was not specified in the records provided. The need for a significant quantity of Tramadol for use on a daily basis with lack of documented improvement in function is not fully established. The medical necessity of the request for Tramadol Hcl 50mg quantity 90 with 1 refill is not fully established for this injury. Therefore, this request is not medically necessary.