

<b>Case Number:</b>	CM14-0072589		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/31/1996
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 58 year old female, who sustained an industrial injury on 08-31-1996. The injured worker was diagnosed as having lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome and neuropathic pain. On medical records dated 04-08-2014, the subjective complaints were noted as pain in the low back and pain in both legs. She also complained of not being able to sleep. Pain was rated as 9 out of 10, without medication was noted as 9 out of 10 and with pain medication 8 out of 10. Objective findings noted vital signs, otherwise revealed limited information. Treatments to date included medication and urine drug screen. Current medications were listed as Gabadone, Theramine, Trepadone, Pristiq, Dilaudid, Valium, Celebrex and Prilosec. A report dated May 20, 2014 indicates that the patient had a urine drug screen which was inconsistent with the medication she has been prescribed. Valium dose will be reduced to 5 mg every 8 hours due to a recommendation for weaning. The patient is using Dilaudid 4 mg every 6 hours for severe pain her pain is reduced from 10/10 to 9/10. The note goes on to imply that Celebrex improve the patient's pain, although it is not stated directly. She has depression and anxiety that can only be managed by Pristiq. She takes Valium for anxiety and a sedative for sleep. Because of the medications being denied, the patient is "totally suffering." The Utilization Review (UR) was dated 05-06-2014. A request for Pristiq 50 mg #30, Dilaudid 4 mg #20, valium 10mg #90, Celebrex 200mg #30 and Prilosec 20mg #30 was submitted. The UR submitted for this medical review indicated that the request for medication review for Pristiq 50 mg #30, Dilaudid 4 mg #20, valium 10mg #90, Celebrex 200mg #30 and Prilosec 20mg #30 was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Medication Review for Pristiq 50mg, #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): SNRIs (serotonin noradrenaline reuptake inhibitors).

**Decision rationale:** Regarding the request for Pristiq 50mg, #30, Chronic Pain Medical Treatment Guidelines states that Venlafaxine 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, it appears the patient has significant depression and anxiety which is reportedly improved substantially with Pristiq. It is acknowledged, that there should be better documentation indicating improved function as a result of this medicine. However, a one-month prescription should allow the requesting physician time to better document that item. As such, the currently requested Pristiq 50mg, #30 is medically necessary.

### **Dilaudid 4mg #20: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Dilaudid 4mg #20, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain with no intolerable side effects and the patient is noted to undergo monitoring. It is acknowledged, that there is no specific documentation regarding functional improvement as a result of this medicine. Additionally, no discussion regarding follow-up for the inconsistent urine drug screen was documented. As such, a small amount of Dilaudid, as requested here, should allow the requesting physician time to better document those items. In light of the above, the currently requested Dilaudid 4mg #20 is medically necessary.

### **Valium 10mg, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines.

**Decision rationale:** Regarding the request for Valium (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 documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation 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 Valium (diazepam) is not medically necessary.

**Celebrex 200mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Regarding the request for celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, there is no identification of a high risk of GI complications. There is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested celecoxib (Celebrex) is not medically necessary.

**Prilosec 20mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.