

Case Number:	CM15-0001738		
Date Assigned:	01/12/2015	Date of Injury:	10/04/2002
Decision Date:	03/06/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/05/2015

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: Preventive Medicine, Occupational Medicine

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 injured worker is a 66 year old female, who sustained an industrial injury on 10/4/02. Documentation does not state previous symptoms. The diagnoses have included right L5 radiculopathy, lumbar discogenic pain syndrome and chronic pain syndrome. Treatment to date has included medications and trigger point injections. Currently, the IW complains of low and mid back pain. On 11/20/14, cervical spine tightness is noted, decreased grip on right and no focal motor changes. She stated a 50% reduction in pain with current treatment plan and she is sleeping 5-6 hours per night. It is documented that she continues to work as a cook. On 12/11/14 Utilization Review non-certified Prilosec 20 mg twice daily, noting the recent report does not provide evidence of gastrointestinal complaints, NSAIDS or clinical findings of gastrointestinal upset and partially certified Elavil 50 mg, noting pain complaints and clinical deficits on exam, Soma 250 Mg noting it is not recommended, a partial certification is provided for downward titration, Lunesta 2 mg due to documentation of lack of sleep, further certification will require objective functional improvement, Norco 10/325 mg, noting no documentation of efficacy with prior use, Zoloft 25 mg noting pain complaints and clinical deficits on exam and Gabapentin 400 mg #60, noting it is recommended for neuropathic pain or pain due to nerve damage, partial certification given for downward titration. The MTUS, ACOEM Guidelines, and Non-MTUS, ACOEM Guidelines was cited. On 1/5/15, the injured worker submitted an application for IMR for review of Elavil, Soma, Norco, Zoloft, Gabapentin, Prilosec and Lunesta prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg twice a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and GI symptoms Page(s): 68.

Decision rationale: MTUS Guidelines support a 20mg dose of Prilosec per day if there are GI symptoms related to medications or NSAIDs are utilized daily in an individual over 65 years of age. There is no documentation of GI symptoms or regular use of NSAID's. In addition, there is no justification for a dose that is double what is recommended by Guidelines. These are not benign medications with long term use associated with increased fractures and biological mineral dysregulation. The Prilosec 20mg. twice a days is not consistent with Guidelines and is not medically necessary.

Elavil 50mg 3 at bedtime: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: MTUS Guidelines support the use of Elavil for chronic pain, especially for pain with neuropathic characteristics which this patient has. Meaningful pain relief from 40-60% from her medications are reported and she remains at work. Under these circumstances, the Elavil 50mg. 3 at bedtime is supported by Guidelines and is medically necessary.

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: MTUS Guidelines are very specific stating that this is not a recommended medication. There are no unusual circumstances to justify an exception to Guidelines. The Soma is not medically necessary.

Lunesta 2mg 1 or 2 at bedtime: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs, Eszopiclone (Lunesta)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain; Insomnia Treatment

Decision rationale: MTUS Guidelines do not address this issue. Updated ODG Guidelines allow for the long term use of Lunesta for secondary insomnia do to chronic pain. If there has been provided at least 6 weeks of cognitive behavioral therapy for sleep than discontinued use of Lunesta is Guidleine supported, but there is no evidence that this has been provided. Under these circumstances the Lunesta 2mg. 1 or 2 at bedtime is supported by Guidelines and is medically necessary.

Norco 10/325mg 4 times a day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Guidelines support the judicious use of opioids when there is pain relief and functional support. Guidelines consider a return to work as the best evidence of functional support. This individual is reported to have about 40% relief with Norco and has returned to work. The Norco 10/325mg. 4 per day is supported by Guidelines and is medically necessary.

Zoloft 25mg twice a day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressents for pain. Page(s): 13-15..

Decision rationale: MTUS Guidelines support the use of antidepressents for chronic pain. Guidelines do not state that more than 1 antidepressent should not be utilized particularly if there is a different mode of action. With the reported level of pain relief and the patients return to work the continued use of Zoloft 25mg. twice a day is consistent with Guidelines and is medically necessary.

Gabapentin 400mg twice a day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16,18,19.

Decision rationale: MTUS Guidelines support the use of Gabapentin for chronic pain states that have a significant neuropathic pain component which this patient has. Given the level of reported pain relief from her medications and the continued functional outcome of returning to work, the Gabapentin 400mg. twice a day is supported by Guidelines and is medically necessary.