

Case Number:	CM15-0005121		
Date Assigned:	01/16/2015	Date of Injury:	01/26/1996
Decision Date:	03/20/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/09/2015

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: New York
 Certification(s)/Specialty: Internal 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 61 year old female with an industrial injury dated 01/26/1996. Her diagnoses include carpal tunnel syndrome, recurrent depressive disorder, anxiety, psychalgia, depressive disorder, adhesive capsulitis of the shoulder, chronic pain syndrome, and myositis. Recent diagnostic testing has included x-rays of the left first CMC joint (date unknown) showing bone-on-bone changes. She has been treated with aspirin, Celebrex, Cymbalta, Lunesta and Prilosec for an unknown amount of time. In a progress note dated 12/09/2014, the treating physician reports bilateral shoulder/arm chronic pain, lower back pain, frequent and severe headaches, increased depression, abdominal pain with nausea and vomiting. The objective examination noted a mildly depressed affect. The treating physician is requesting multiple medications which have been denied or modified by the utilization review. On 12/18/2014, Utilization Review non-certified a prescription for Celebrex 200mg #60 with 2 refills, noting the absence of documented improvement in pain with the use of this medication, absence of documented failure of first-line anti-inflammatories, and the lack of objective evidence of carpal tunnel syndrome, adhesive capsulitis or myalgia. The MTUS was cited. On 12/18/2014, Utilization Review certified a prescription for Cymbalta 30mg #30 with 2 refills; however, the UR stated in its rationale that a causality review is suggested. The MTUS was cited. On 12/18/2014, Utilization Review modified a prescription for Lunesta 3mg #30 with 2 refills to approve Lunesta 3mg #15 with no refills for weaning, noting the non-recommendation of long term or chronic use of this medication. The ODG was cited. On 12/18/2014, Utilization Review non-certified a prescription for Prilosec 20mg #60 with 2 refills, noting the lack of non-steroid

anti-inflammatory drugs being used and the denial of Celebrex. The MTUS was cited. On 01/09/2015, the injured worker submitted an application for IMR for review of Celebrex 200mg #60 with 2 refills, Cymbalta 30mg #30 with 2 refills, Lunesta 3mg #30 with 2 refills, and Prilosec 20mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67.

Decision rationale: Celebrex 200mg #60 with 2 refills, MTUS, Chronic Pain Treatment Guidelines, MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor. Unlike other NSAIDs Celebrex is not associated with gastrointestinal bleeding. Use of Cox 2 inhibitor is recommended as an alternative in patients who could benefit from NSAID use, but are at risk for gastrointestinal events, such as bleeding. Documentation fails to show that the injured worker has history of significant gastrointestinal events or has had an initial trial of an NSAID other than Celebrex. Being that MTUS guidelines have not been met, the request for Celebrex 200mg #60 with 2 refills is not medically necessary.

Cymbalta 30 mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 & 16.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Its use for neuropathic pain and radiculopathy is off label. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. According to chart documentation, the injured worker presents with chronic pain syndrome and breakthrough symptoms of depression on current medication regimen, which includes Cymbalta. The request for continued use of Cymbalta 30mg #30 with 2 refills is not medically necessary per MTUS guidelines.

Lunesta 3 mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS, nonspecific,. Decision based on Non-MTUS Citation Mental Chapter, Lunesta (Eszopicolone)

Decision rationale: MTUS states hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Per guidelines, use in the chronic phase is discouraged. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Given that the injured worker has chronic pain syndrome and symptoms of depression, the medical necessity for continued use of Lunesta has not been established. The request for Lunesta 3mg #30 with 2 refills is not medically necessary based on MTUS.

Prilosec 20 mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: MTUS recommends the combination of Non-steroidal anti-inflammatory drugs (NSAIDs) and Proton Pump Inhibitors (PPIs) for patients at risk for gastrointestinal events including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant and high dose or multiple NSAID (e.g., NSAID + low-dose ASA). Documentation fails to support that the injured worker meets the MTUS criteria for the use of PPIs, including history of peptic ulcer or gastrointestinal bleeding. The request for Prilosec 20mg #60 with 2 refills is not medically necessary.