MAXIMUS Federal Services

Case Number:	CM15-0104239		
Date Assigned:	06/11/2015	Date of Injury:	12/12/2006
Decision Date:	08/27/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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: Anesthesiology

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 58 year old male who has reported widespread pain and mental illness after an injury on 12/12/2006. The diagnoses have included cervicalgia, lumbar discogenic syndrome, radiculopathy, ankle tenosynovitis and major depressive disorder. Treatment has included medications, TENS, psychotherapy, and physical therapy. Treatment during 2014-2015 has been provided at an occupational medicine clinic via a physician assistant and by a psychiatrist. The psychiatrist appears to have assumed the role of a chronic pain management physician along with prescribing psychiatric medications. The physician assistant has prescribed Norco, LidoPro, and Promolaxin. The specific results of using these medications is not described. LidoPro was stated to result in less use of Norco; although this was not described further. The psychiatric reports during 2014-2015 reflect gradual improvement in mental status, with a recent worsening. The psychiatrist has stated that Valium is for spasm, agitation, and anxiety. The psychiatrist referred to a gradual taper of this medication. Trazodone was for insomnia and agitation. Remeron was for insomnia and depression. Cymbalta was for depression and pain and Seroquel for insomnia and depression. Prilosec was mentioned but without any indications given. None of the available reports list a work status. The only possible reference to functional improvement is in the psychiatric reports, which refer to unquantified improvement in mental status and less social isolation. As of 4/16/15 the injured worker was stated to be improved with respect to anxiety and depression although he was still largely nonverbal. As of 4/30/15 agitation had increased as Valium was tapered. Valium was increased to 5 mg twice a day as a result.On 5/14/15 Utilization Review non-certified the 10 medications appealed for this Independent Medical Review. The non-certifications were based on lack of

specified quantities as well as the lack of prescribing according to the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 40mg (quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports, which describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. No reports describe the indications for omeprazole. No reports describe the specific gastrointestinal risk factors present in this case, as presented in the MTUS. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, cardiovascular disease, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

Gabapentin 300mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs (AEDs) Page(s): 18 and 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Medication trials, Functional improvement Page(s): 16-21, 60, 1.

Decision rationale: Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports, which adequately address the indications and specific symptomatic, and functional benefit from the AEDs used to date. Note the criteria for a good response per the MTUS. Work status is not mentioned. Gabapentin is not medically necessary based on the lack of any clear indication, the lack of any reports which address this medication, and the lack of significant symptomatic and functional benefit from its use to date.

Seroquel XR 300mg (quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, treatment of depression.

Decision rationale: The ACOEM Guidelines briefly discuss the use of antidepressants for treating depression, per the guideline cited above. Atypical anti-psychotics are not discussed. The Official Disability Guidelines state that quetiapine is not recommended as a first line treatment, and that atypical anti-psychotics are not supported by sufficient evidence for treating depression. This guideline states "Adding an atypical anti-psychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of anti-psychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm." The treating physician has provided minimal evidence to refute this recommendation in this guideline. The treating physician has provided only general statements about the results of this medication in this injured worker, and a recent report describes this injured worker as largely non-verbal, which is not evidence of significant improvement. No reports describe functional improvement. In addition, the request to Independent Medical Review is for an unspecified quantity and duration of this medication. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Seroquel is not medically necessary based on lack of a sufficiently specific request, lack of evidence per the guidelines, and the lack of sufficient benefit to date.

Lidopro Ointment (dosage & quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications, Salicylate topical Page(s): 60, 111-113, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics.

Decision rationale: Although the treating physician reports do not describe the ingredients, LidoPro is capsaicin, lidocaine, menthol, and methyl salicylate. No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

Topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain (which is not present in this case). The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. The available records do not describe adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. Menthol is not discussed specifically in the MTUS. Topical salicylates in the standard formulations like BenGay are recommended in the MTUS. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. The treating physician's request did not include the site of application, or directions for use. As such, the prescription is not sufficient and is not medically necessary. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval.

Zolpidem 10mg (quantity unspecified): 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short-term use of hypnotics like zolpidem (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder, the indications for zolpidem, the duration of use, or the results of use. This patient has also been given a benzodiazepine, which is additive with the hypnotic, and which increases the risk of side effects and dependency. Zolpidem is not medically necessary based on lack of a sufficient analysis of the patient's condition, the ODG citation, and lack of any information in the records about the use of this medication.

Remeron 60mg (quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, treatment of depression.

Decision rationale: The ACOEM Guidelines briefly discuss the use of antidepressants for treating depression, per the guideline cited above. Atypical antidepressants are not discussed. The Official Disability Guidelines recommend antidepressants for more severe depression. The Up-To-Date guideline cited above recommends mirtazapine for some patients with depression. The treating physician has provided only general statements about the results of using this medication in this injured worker, and a recent report describes this injured worker as largely non-verbal, which is not evidence of significant improvement. No reports describe functional improvement. In addition, the requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Remeron is not medically necessary based on lack of a sufficiently specific request, and the lack of sufficient benefit to date.

Diazepam 5mg (quantity unspecified): 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 Benzodiazepines, Muscle Relaxants, Benzodiazepines, Weaning of medications Page(s): 24, 66.

Decision rationale: The treating physician has not provided a sufficient account of the functional benefit for this medication. The MTUS does not recommend benzodiazepines for long-term use for any condition. The prescribing has occurred chronically, not short term as recommended in the MTUS. The MTUS does not recommend benzodiazepines as muscle relaxants, or for spasm. This benzodiazepine is not prescribed according the MTUS and is not medically necessary for long-term use. However, the treating physician has encountered some difficulties when this medication was tapered at the time of this request. As noted in the MTUS, weaning of benzodiazepines is relatively dangerous and may require a long period, possibly up to one year. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are generally not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. In this case Valium is medically necessary in spite of the unspecified quantity and lack of long term indications simply because of the risk of too-rapid weaning.

Trazodone 150mg (quantity unspecified): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, trazodone, insomnia treatment.

Decision rationale: The treating physician has stated that trazodone was given for agitation and insomnia. The MTUS does not address the use of trazodone. The Official Disability Guidelines states that trazodone is "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety." In the Insomnia section, the Official Disability Guidelines recommend the short-term use of hypnotics, discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder or the specific sleep benefits from using trazodone. None of the reports describe the specific benefits from using trazodone for anxiety. In addition, the requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Trazodone is not medically necessary due to lack of sufficient evaluation of the patient, lack of a sufficient prescription, and lack of evidence for significant benefit.

Hydrocodone/APAP 5/325mg (quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials Page(s): 77-81, 94, and 60.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The severe depression is a relative contraindication to opioid therapy, and no reports discuss this. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program. No reports discuss work status or a return to work, which fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary.

Cymbalta 120mg (quantity unspecified): 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 Medications for chronic pain; Antidepressants for chronic pain, Duloxetine, SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 60, 13-16, 43-44, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, treatment of depression.

Decision rationale: Per the MTUS, antidepressants like Cymbalta may be indicated for some kinds of chronic pain. When prescribed, the MTUS gives clear direction for outcome measurements, including functional improvement (see pages 13 and 60 of the citations above). No medical reports show specific symptomatic and functional benefit. Although there may be some benefit for depression, the reports do not adequately describe specific benefit, and the recent report from the psychiatrist describes the injured worker as non-verbal, which is not evidence of significant benefit. In addition, the requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Cymbalta is not medically necessary based on the MTUS, lack of a sufficient prescription, and lack of benefit.