

Case Number:	CM15-0133245		
Date Assigned:	07/21/2015	Date of Injury:	03/24/2010
Decision Date:	08/31/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/09/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 54 year old female, who sustained an industrial injury on 3/24/2010. Diagnoses include cervical spinal cord injury. Treatment to date has included physical therapy, occupational therapy, psychiatric therapy, pool therapy and full time residential treatment in a transitional living center. Per the Physician's Note, Physical Therapy note and Neuropsychology note dated 3/23/2015 the injured worker has an incomplete C6 spinal cord injury secondary to his industrial injury. He requires 1:1 supervision as a complication of his injury and chronic depression suicidality. He reports low back pain rated as 4-7/10. Physical examination revealed 6/10 low back pain when walking with lower extremity braces, a decrease from walking without braces. He has suffered multiple falls out of his wheelchair due to weight gain and a fall off of the commode. The plan of care included a sleep study and medication management. Authorization was requested for Coreg, vitamin C, Lyrica and Doxepin.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Coreg 3.125mg with 3 refills: Overturned

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) Diabetes, Hypertension treatment.

Decision rationale: The MTUS is silent on the use of Coreg. Per the ODG guidelines Diabetes section with regard to Hypertension treatment: Recommend that blood pressure in DM be controlled to levels of 140/80, but 130 may be appropriate for younger patients if it can be achieved without undue treatment burden. Over 88% of patients with type 2 DM either have uncontrolled hypertension or are being treated for elevated blood pressure. Hypertension is not only more prevalent in type 2 DM than in the general population, but it also predicts progression to DM. Once hypertension is diagnosed, an individual is 2.5 times more likely to receive a DM diagnosis within the next 5 years, and the combination of hypertension and DM magnifies the risk of DM-related complications. It is recommended that blood pressure in DM be controlled to levels of 130/80 mm Hg, starting with lifestyle modification and diet, and including medications. Recommended medication step therapy for hypertension: After Lifestyle (diet & exercise) modifications: (1) First line, 1st choice, Renin-angiotensin-aldosterone system blockers: ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace); Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan). (2) First line, 2nd addition, Calcium channel blockers: Amlodipine (Norvasc); Nicardipine (Cardene); Nifedipine (Procardia). (3) First line, 3rd addition, Thiazide diuretic; Hydrochlorothiazide (HCTZ). (4) First line, 4th addition, Beta blockers (b-Adrenergic blocker): Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal). (5) Second line: Aldosterone receptor blockers: Spironolactone (Aldactone), Direct renin inhibitor: Aliskiren (Tekturna), Selective α_1 -adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin), Central α_2 agonists: Clonidine (Catapres), Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten). The documentation submitted for review indicates that the injured worker takes this medication with Lotensin to control his blood pressure. With regard to medication history, he has been using this medication since 6/2014. The UR physician did not specify a rationale for denial. The request is medically necessary.

60 tablets of Vitamin C 500mg with 3 refills: 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 & Stress, Vitamin use (for stress reduction).

Decision rationale: The MTUS guidelines are silent on the use of vitamins. Per the ODG guidelines, Mental Illness & Stress section with regard to Vitamin use (for stress reduction): Under study. Multi-vitamin and mineral supplements were found to help reduce feelings of stress and anxiety in one clinical trial. More trials need to be conducted. The documentation submitted for review did not specify the indication for this request. The medical records indicate

that the injured worker has been taking Vitamin C since at least 11/2014. As vitamin C is not recommended by the guidelines, the request is not medically necessary.

60 tablets of Lyrica 100mg with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-17, 99.

Decision rationale: Per MTUS CPMTG, "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia." Pregabalin is the prodrug of gabapentin and is often used when gabapentin is clinically not sufficiently effective. Per MTUS CPMTG, "Gabapentin (Neurontin) 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." Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The documentation submitted for review did not contain evidence of improvement in function. As such, the request is not medically necessary.

30 tablets of Doxepin HCL 2mg with 3 refills: Overturned

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 & Stress, Antidepressants for treatment of MDD.

Decision rationale: Per the ODG guidelines with regard to antidepressants: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association, 2006) The documentation submitted for review indicates that the injured worker in the past had taken Doxepin, Seroquel, and Cymbalta for depression. He has been taking Doxepin since at least 2012. The injured worker has a history of multiple suicide attempts and continues to present with depression and suicidality secondary to spinal cord injury. I respectfully disagree with the UR physician's assertion that the documentation does not support this request. The request is medically necessary.