

Case Number:	CM15-0134029		
Date Assigned:	07/22/2015	Date of Injury:	02/18/2006
Decision Date:	09/23/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/10/2015

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: Texas, Florida

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 37-year-old male, who sustained an industrial injury on 2/18/2006, while working as a cook. The injured worker was diagnosed as having spinal stenosis, lumbar region, without neurogenic claudication, and depressive disorder, not otherwise specified. Treatment to date has included diagnostics, physical therapy, mental health treatment, and medications. On 6/24/2015, the injured worker complains of headaches and muscle twitching when relaxed. He had a good response to treatment and was somewhat better mentally. He reported reduced anxiety, tension, irritability, depression, and insomnia. He reported increased memory, concentration, low energy level, and sociability. He exhibited a slightly less tense and dysphoric mood and denied thoughts of harming self or others. The treatment plan included Trazadone for depression and insomnia, Prozac for depression, Ativan for anxiety, Trileptal for moods, Lunesta for insomnia, Motrin for pain, and Lyrica for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg #90 for DOS 6/24/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anticonvulsants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of neuropathic pain and chronic pain syndrome. The use of anticonvulsants can result in pain relief, mood stabilization, reduction in analgesic utilization and functional restoration. The records indicate that the use of Lyrica is associated with reduction in pain and functional restoration. The criteria for the use of Lyrica 100mg #90 DOS 6/24/2015 was medically necessary.

Lorazepam 1mg #90 for DOS 6/24/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 378-388, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 25, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for the treatment of psychiatric disorders associated with chronic pain syndrome. The presence of psychosomatic symptoms can be associated with decreased efficacy and non-compliance to pain treatments. The records indicate the presence of significant psychosomatic conditions associated with the chronic pain syndrome. The guidelines recommend that antidepressants with anxiolytic properties be utilized in chronic pain patients. The chronic use of benzodiazepines can be associated with development of tolerance, dependency, addiction and adverse interaction with other sedative medications. The criteria for the use of Lorazepam 1mg #90 DOS 6/24/2015 was not medically necessary.

Eszopiclone 3mg #30 for DOS 6/24/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for short-term treatment of sleep disorders associated with chronic pain syndrome.

The chronic use of hypnotics and sedatives can be associated with the development of tolerance, dependency, addiction, daytime somnolence and adverse interaction with other sedatives. The records indicate that the patient is utilizing multiple sedative medications concurrently. The criteria for the use of eszopiclone 3mg #30 DOS 6/24/2015 was not medically necessary.

Fluoxetine HCL 40mg #60 for DOS 6/24/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Antidepressants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 378-388, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for the treatment of psychiatric disorders associated with chronic pain syndrome. The presence of psychosomatic symptoms can be associated with decreased efficacy and non-compliance to pain treatments. The records indicate the presence of significant psychosomatic conditions associated with the chronic pain syndrome. The criteria for the use of Fluoxetine HCL 40mg #60 DOS 6/24/2015 was medically necessary.

Trazodone HCL 150mg #60 for dos 6/24/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Antidepressants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 378-388, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for the treatment of psychiatric disorders associated with chronic pain syndrome. The presence of psychosomatic symptoms can be associated with decreased efficacy and non-compliance to pain treatments. The records indicate the presence of significant psychosomatic conditions associated with the chronic pain syndrome. The criteria for the use of trazodone HCL 150mg #60 DOS 6/24/2015 was medically necessary.

Oxcarbazepine 300mg #60 for DOS 6/24/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxcarbazepine (Trileptal).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 378-388, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for the treatment of psychiatric disorders and neuropathic pain associated with chronic pain syndrome. The presence of psychosomatic symptoms can be associated with decreased efficacy and non-compliance to pain treatments. The records indicate the presence of significant psychosomatic conditions associated with the chronic pain syndrome. The criteria for the use of oxcarbazepine 30mg #60 DOS 6/24/2015 was medically necessary.