MAXIMUS Federal Services

Case Number:	CM15-0163031		
Date Assigned:	08/31/2015	Date of Injury:	03/03/2013
Decision Date:	10/07/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/19/2015

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 30-year-old female, who sustained an industrial injury on 03-03-2013. The injured worker's work status was noted as temporarily totally disabled per progress note dated 02-10-2015. Current diagnoses include lumbosacral radiculopathy, intervertebral disc disorder, and disc displacement without myelopathy. Treatment and diagnostics to date has included lumbar spine surgery, physical therapy, home exercise program, and medications. Electromyography-nerve conduction velocity studies dated 05-18-2015 showed findings consistent with chronic right S1 radiculopathy. In a progress note dated 07-29-2015, the injured worker reported increased pain in her lumbar spine and increased symptoms of depression and anxiety. The injured worker's pain level was noted at 7 out of 10 with medications and 10 out of 10 without medications. The physician noted that a lumbar spine MRI dated 05-21-2015 showed a right sided L5 laminectomy with postsurgical enhancement. Objective findings included an antalgic gait and painful decreased lumbar spine range of motion with guarding, spasm, and tenderness noted over the lumbar spine paravertebral muscles. The treating physician reported requesting authorization for retrospective Lexapro, Tylenol #3, Prilosec, Norflex, and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro date of service 7/29/2015 Escitalopram (Lexapro) 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Escitalopram (Lexapro).

Decision rationale: Escitalopram (Lexapro) is classified as a SSRI (selective serotonin reuptake inhibitor). According to California MTUS Chronic Pain Medical Treatment Guidelines, SSRIs are "not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. SSRIs have not been shown to be effective for low back pain". Official Disability Guidelines (ODG) recommends Escitalopram (Lexapro) as a first-line treatment option for MDD (major depressive disorder) and PTSD (post-traumatic stress disorder). After review of the received medical records, the physician indicates that the injured worker is having increased symptoms of depression and anxiety. However, there are no diagnoses of depression or post-traumatic stress disorder. Also, medical records are not clear about neuropathic pain. Therefore, based on the Guidelines and the submitted records, the request for Lexapro is not medically necessary.

Retro date of service 7/29/2015 Acetaminophen-cod (Tylenol #3) #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Codeine.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines discourage long-term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician documented the injured worker's least reported pain over the period since last assessment as a 7, increased pain level, and no improvement in function while using the Tramadol. The physician is discontinuing the Tramadol and requesting authorization for Tylenol #3 to replace the non-effective Tramadol. Therefore, based on the Guidelines and the submitted records, the request for Tylenol #3 is medically necessary.

Retro date of service 7/29/2015 Omeprazole DR (Prilosec) 20mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor. According to California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are to be used with non-steroidal anti-inflammatory drugs (NSAIDs) for those with high risk of GI (gastrointestinal) events such as being over the age of 65, "history of a peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and-or anticoagulant, or high dose or multiple NSAID" use. After review of medical records, the injured worker is noted to be less than 65 years of age and even though there is a concurrent NSAID prescribed (Voltaren), there are no identifiable risk factors for gastrointestinal disease to warrant proton pump inhibitor treatment based on the MTUS Guidelines. There are no reported GI complaints. Therefore, the request for Prilosec (Omeprazole) is not medically necessary.

Retro date of service 7/29/2015 Orphenadrine ER 100mg (Norflex) #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAID's (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Also, there is no additional benefit show in combination with NSAID's". The reviewed medical records show that the injured worker does have a history of back pain with noted lumbar muscle spasms on examination and currently being prescribed Voltaren (NSAID). The treating physician does not report how the Norflex is helping in terms of pain and function, how long the injured worker has been taking the medication, or reason it is being prescribed. Therefore, the request for Norflex is not medically necessary.

Retro date of service 7/29/2015 Diclofenac Sodium ER (Voltaren) 100mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Voltaren (Diclofenac Sodium) is classified as an non-steroidal anti-inflammatory drug (NSAID). According to California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are "recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors". Under back pain-chronic low back pain, it is "recommended as an option for short term symptomatic relief" and "that non-steroidal anti-inflammatory drugs (NSAIDs) were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants". After review of the received medical records, there is no evidence that the injured worker had received a trial of acetaminophen as the first-line treatment. There is no indication that Voltaren (Diclofenac Sodium) is providing any specific analgesic benefits, such as percent pain reduction or reduction in pain level, or any objective functional improvement. In addition, there is no documentation of why the injured worker is being prescribed Voltaren or how long the injured worker has been taking the medication. Therefore, based on the Guidelines and submitted medical records, the request for Voltaren is not medically necessary.