

Case Number:	CM15-0183227		
Date Assigned:	09/24/2015	Date of Injury:	05/19/2003
Decision Date:	11/24/2015	UR Denial Date:	08/23/2015
Priority:	Standard	Application Received:	09/17/2015

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 46-year-old female, with a reported date of injury of 06-19-2003. The diagnoses include discogenic cervical condition with facet inflammation and radiculopathy, discogenic lumbar condition with facet inflammation, left-sided radiculopathy, status post lumbar discectomy, impingement syndrome of the left shoulder, bilateral medial and lateral epicondylitis and ulnar neuritis, depression, sleep disorder, and stress. Treatments and evaluation to date have included a TENS (transcutaneous electrical nerve stimulation) unit, Protonix (since at least 03-2015), Celebrex (since at least 12-2013), Effexor (since at least 03-2015), Ultracet (since at least 03-2015), right wrist surgery, and right shoulder injection (shortness of breath). The diagnostic studies to date have included a urine drug screen on 06-11-2015 which was positive for opiates. According to the agreed medical re-evaluation dated 02-05-2015, the injured worker underwent an MRI of the low back on 05-30-2013 showed a small possible herniation at L5-S1, narrowed foramen at the left lateral central canal and left inferior L5-S1 foramen, and granulation tissue; an MRI of the cervical spine on 06-07-2013 which showed a disc bulge at C4-5 and C5-6 with some spinal stenosis and mild contact of the spinal cord. The medical report dated 08-12-2015 indicates that the injured worker was seen for her right shoulder. It was noted that the injured worker had an MRI of the right shoulder in 01-2014 which showed impingement, type 2 acromion, osteoarthritis along the acromioclavicular joint, and fluid along the biceps tendon suggesting bicipital tendonitis. It was noted that the injured worker minimized chores around the house that included reaching overhead activities. She had limitations with gripping, grasping, and torquing. It was noted that the injured worker had a

severe surge of pain along the lateral epicondylar area radiating to the extensor mechanism on the left side which minimized the use of that arm. The objective findings include abduction at 90 degrees on the right and 80 degrees on the left; external rotation at 90 degrees on the right and 80 degrees on the left; internal rotation at 80 degrees bilaterally and extension at 30 degrees bilaterally; positive impingement sign on the right; positive Hawkins test on the right, and mildly on the left; positive Speed test on the right; and negative cross arm test. The treatment plan included medications. The injured work status was noted as having limitations with gripping, grasping, repetitive reaching, and prolonged work at or above the shoulder level, forceful pushing, pulling, and lifting. The request for authorization was dated 08-12-2015. The treating physician requested Protonix 20mg #60 (date of service: 09-09-2015), Celebrex 300mg #30 (date of service: 09-09-2015), Effexor XR 75mg #60 (date of service: 09-09-2015), Ultracet 37.5mg #60 (date of service: 09-09-2015), Lunesta 2mg #90 (date of service: 09-09-2015), and Norflex ES 100mg #60 (date of service: 09-09-2015). On 08-23-2015, Utilization Review (UR) non-certified the request for Protonix 20mg #60 (date of service: 09-09-2015), Celebrex 300mg #30 (date of service: 09-09-2015), Effexor XR 75mg #60 (date of service: 09-09-2015), Ultracet 37.5mg #60 (date of service: 09-09-2015), Lunesta 2mg #90 (date of service: 09-09-2015), and Norflex ES 100mg #60 (date of service: 09-09-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60 DOS 9/9/15: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton pump inhibitors (PPIs).

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and 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 and high dose or multiple NSAIDs. In general, the use of a PPI should be limited to the recognized indications, including preventing gastric ulcers induced by NSAIDs, and used at the lowest dose for the shortest possible amount of time. Per guidelines, a trial of Omeprazole or Lansoprazole should be used before prescription Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Protonix. The request for Protonix 20mg #60 DOS 9/9/15 is not medically necessary per guidelines.

Celebrex 200mg #30 DOS 9/9/15: 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: 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. There is no evidence of long-term effectiveness for pain or function. Celebrex is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor. Unlike other NSAIDs Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral. Use of Cox 2 inhibitors (Celebrex) 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 objective improvement in pain or function with the ongoing use of Celebrex. Being that MTUS guidelines have not been met, the request for Celebrex 200mg #30 DOS 9/9/15 is not medically necessary.

Effexor XR 75mg #60 DOS 9/9/15: 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 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. Their main role is in treating psychological symptoms associated with chronic pain. 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.

Effexor XR (Venlafaxine ER) is FDA-approved for anxiety, depression, panic disorder and social phobias. The use of this drug for fibromyalgia, neuropathic pain, and diabetic neuropathy is off label. Documentation shows that the injured worker has depression, sleep disorder, and stress. Physician reports fail to show significant improvement in pain or level of function to establish the medical necessity for ongoing use of this medication. The request for Effexor XR 75mg #60 DOS 9/9/15 is not medically necessary by MTUS.

Ultracet 37.5mg #60 DOS 9/9/15: 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids, specific drug list.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Ultracet is a combination of Acetaminophen and Tramadol. Documentation fails to demonstrate significant objective improvement in pain or level of function, to justify the ongoing use of Ultracet. With MTUS guidelines not being met, the request for Ultracet 37.5mg #60 DOS 9/9/15 is not medically necessary.

Lunesta 2mg #90 DOS 9/9/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

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 Lunesta (Eszopicolone).

Decision rationale: MTUS does not address this request. ODG states that hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. 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. The injured worker is diagnosed with sleep disorder. Documentation shows that Lunesta has been prescribed for a longer period than recommended, with no significant improvement in function. The medical necessity for continued use of Lunesta has not been established. The request Lunesta 2mg #90 DOS 9/9/15 is not medically necessary based on ODG.

Norflex ES 100mg #60 DOS 9/9/15: 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: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain with the use of muscle relaxants. The request for Norflex ES 100mg #60 DOS 9/9/15 is not medically necessary per MTUS guidelines.