

Case Number:	CM15-0183845		
Date Assigned:	09/24/2015	Date of Injury:	02/01/2010
Decision Date:	12/07/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/18/2015

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 58 year old female, who sustained an industrial injury on 2-1-10. The injured worker was diagnosed as having cervical disc displacement, cervical radiculopathy, post-traumatic anxiety and depression, bilateral carpal tunnel syndrome, right hand CRPS and posttraumatic insomnia. The physical exam (11-6-14 through 3-16-15) revealed 5-8 out of 10 pain, anxiety that causes insomnia and decreased cervical range of motion. Treatments to date have included cervical spine injections, chiropractic treatments, hand therapy, opioids and Naproxen. Current medications include Mobic, Prozac, Tramadol (since at least 1-15-15), Prilosec (since at least 1-15-15), Atarax (since at least 1-15-15) and Lunesta. As of the PR2 dated 7-30-15, the injured worker reports pain in her right posterior neck, headaches, bilateral wrists, insomnia and anxiety. She rates her pain 3-6 out of 10. Objective findings include decreased cervical range of motion and diminished grip strength on the left compared to the right. The injured worker noted anxiety that causes her insomnia. The treating physician requested Prilosec 20mg #60, Atarax 25mg #60, Tramadol 150mg #60 and Lunesta 1mg #30. The Utilization Review dated 8-24-15, non-certified the request for Prilosec 20mg #60, Atarax 25mg #60, Tramadol 150mg #60 and Lunesta 1mg #30 and certified the request for Mobic 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Prilosec 20mg quantity 60 DOS 7-30-15: 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): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs, Proton Pump Inhibitors.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications in the elderly and patients with a history of gastrointestinal disease. The chronic use of NSAIDs can be associated with the development of gastrointestinal complications. The records indicate that the patient is utilizing Prilosec for the prevention of NSAIDs induced gastritis. The criteria for Retrospective use of Prilosec 20mg #60 DOS 7/30/2015 was not met. Therefore, the request is not medically necessary.

Retrospective Atarax 25mg quantity 60 DOS 7-30-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. 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 anxiolytics and sedatives can be utilized for short-term treatment of exacerbation of/insomnia/anxiety when standard non-opioids medications, exercise and PT are not effective. The chronic use of sedatives can be associated with the development of tolerance, dependency, addiction, daytime somnolence, sedation and adverse interaction with other sedative medications. The guidelines recommend that chronic pain patients with co-existing psychosomatic symptoms be treated with anticonvulsant and antidepressant co-analgesic medications not simple anxiolytics or sedatives. The records indicate that the duration of treatment with Atarax had exceeded the guidelines recommended maximum limit of 4 to 6 weeks. There is lack of documentation of guidelines required compliance monitoring with serial UDS, CURESS data reports and functional restoration. The criteria for the Retrospective use of Atarax 25mg #60 DOS 7/30/2015 was not met. Therefore, the request is not medically necessary.

Retrospective Tramadol 150mg quantity 60 DOS 7-30-15: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, psychological intervention, Opioids, specific drug list, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of pain when standard non opioids medications, exercise and PT are not effective. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, daytime somnolence, sedation and adverse interaction with other sedative medications. The guidelines recommend that chronic pain patient with co-existing psychosomatic symptoms be treated with anticonvulsant and antidepressant co-analgesic medications not simple anxiolytics or sedatives. The records did not indicate that the patient failed treatment with non opioid co-analgesic medications. The pain score of 3/10 did not indicate a severity of pain that would require chronic opioid treatments. There is lack of documentation of guidelines required compliance monitoring with serial UDS, CURESS data reports, and functional restoration. The criteria for the Retrospective use of Tramadol 150mg #60 DOS 7/30/2015 was not met. Therefore, the request is not medically necessary.

Retrospective Lunesta 1mg quantity 30 DOS 7-30-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain. 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 sedatives can be utilized for short term treatment of exacerbation of insomnia when standard non opioids medications, exercise, PT and sleep hygiene are not effective. The chronic use of sedatives can be associated with the development of tolerance, dependency, addiction, daytime somnolence, sedation and adverse interaction with other sedative medications. The guidelines recommend that chronic pain patient with co-existing psychosomatic symptoms be treated with anticonvulsant and antidepressant co-analgesic medications not simple anxiolytics and sedatives. The records indicate that the duration of treatment with Lunesta had exceeded the guidelines recommended maximum limit of 4 to 6 weeks. There is lack of documentation of guidelines required compliance monitoring with serial UDS, CURESS data reports, and functional restoration. The criteria for the Retrospective use of Lunesta 1mg #30 DOS 7/30/2015 was not met. Therefore, the request is not medically necessary.