

Case Number:	CM15-0190655		
Date Assigned:	10/02/2015	Date of Injury:	02/15/2008
Decision Date:	12/03/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female who sustained an industrial injury on 2-15-08. The injured worker reported neck and low back pain. A review of the medical records indicates that the injured worker is undergoing treatments for cervical radiculitis, chronic pain, lumbar radiculopathy, trigeminal neuralgia and complex regional pain syndrome left lower extremity. Medical records dated 8-18-15 indicate pain rated at 9 out of 10. Provider documentation dated 8-18-15 noted the work status as "currently not working". Treatment has included physical therapy, pool therapy, Hydrocodone, cervical spine magnetic resonance imaging (10-6-11), lumbar spine magnetic resonance imaging (7-8-09) left foot magnetic resonance imaging (4-2-09), home exercise program and injection therapy. Objective findings dated 8-18-15 were notable for tenderness to the cervical spine at C4-C7 with limited range of motion, tenderness to palpation to L4-S1 and hypersensitivity to the left lower extremity. The original utilization review (8-31-15) denied a request for Doxepin 10mg #30, Eszopiclone 3mg #30, EpiPen 2 pak 0.3mg Auto Injection #4, Percocet 10/325mg #90, Tizanidine 2mg #60 and Neurontin 400mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doxepin 10mg #30: 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): Antidepressants for chronic pain.

Decision rationale: According to the MTUS, tricyclics are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Doxepin is a tricyclic referenced above. I am reversing the previous UR decision. Doxepin 10mg #30 is medically necessary.

Eszopiclone 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment.

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents 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 patient has been taking Eszopiclone for longer than the 2-6 week period recommended by the ODG. Eszopiclone 3mg #30 is not medically necessary.

EpiPen 2 pak 0.3mg Auto Injection #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.epipen.com>.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention.

Decision rationale: The occupational health practitioner also should be aware that many musculoskeletal, psychological, and other problems often are caused by several work and non-work-related factors in varying combinations. Many potentially work-related complaints result from more than one factor. Some factors are work-related and others are personal. The work

factors are necessary, but not sufficient in many cases. For example, not all workers exposed to certain numbers of repetitions and degrees of force during hand manipulations will develop tenosynovitis of the wrist and hand, but a few of them would develop the problem without significant ergonomic exposure at work or during performance of non-job-related daily activities or a hobby. In other cases, there may be a variety of possible causes for a disorder or complaint as well as personal and work factors that come into play. For example, pregnancy, hypo-thyroidism, or obesity may be associated with carpal tunnel syndrome in susceptible individuals. In the case of this claimant the request is for an EpiPen. The EpiPen is for emergency use in the event of anaphylaxis, a potentially severe or life-threatening allergic reaction that can occur very quickly. Anaphylaxis can be triggered by an allergy to a particular food, biting or stinging insects (like bees), medication, latex or a variety of other allergic triggers. There is no documentation supporting the work-related use of an EpiPen. EpiPen 2 pak 0.3mg Auto Injection #4 is not medically necessary.

Percocet 10/325mg #90: 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 rationale: The MTUS recommends Percocet for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. The patient does not report any objective functional improvement with the continued use of Percocet. Percocet 10/325mg #90 is not medically necessary.

Tizanidine 2mg #60: 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: Tizanidine is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Tizanidine 2mg #60 is not medically necessary.

Neurontin 400mg #90: 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): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Neurontin 400mg #90 is not medically necessary.