

Case Number:	CM15-0193037		
Date Assigned:	10/07/2015	Date of Injury:	05/28/2007
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/01/2015

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: Georgia

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 63 year old male who sustained an industrial injury on 5-28-2007. A review of medical records indicated the injured worker is being treated for lumbar stenosis, degenerative disc disease of the lumbar spine, lumbar radiculopathy, and sub-acute neck pain. Medical records dated 7-8-2015 noted ongoing neck, low back pain, and right lower extremity complaints. Pain and symptoms were reported as unchanged from the prior visit. He has increase pain when looking up and did have limited range of motion to the neck. Pain to the neck and low back was rated a 4 out 10. Range of motion to the lumbar spine was flexion at 35 degrees, extension at 5 degrees, left lateral bending at 5 degrees, and right lateral bending at 10 degrees. Treatment has included 12 sessions of chiropractic treatment with increased range of motion and strength and multiple sessions of acupuncture with minimal relief. Medications taken are Flexeril and Tramadol since at least 3-18-2015. Utilization review noncertified Olanzapine 10mg #30 refills x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Olanzapine 10 mg Qty 30 with 3 refills: 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 - Atypical antipsychotics.

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

Decision rationale: Olanzapine 10 mg #30 with 3 refills is not medically necessary. Per CA MTUS guidelines anti-convulsant medications are recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed will depend on the balance between effectiveness and adverse reactions. Additionally, Per MTUS One recommendation for an adequate trial is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. The claimant did not show improve function on the most recent office visit; therefore, the requested medication is not medically necessary.