

Case Number:	CM15-0193878		
Date Assigned:	10/07/2015	Date of Injury:	01/10/2013
Decision Date:	12/14/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/02/2015

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: Physical Medicine & Rehabilitation, 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 64 year old female, who sustained an industrial injury on 1-10-13. She reported injury to her arms, wrists, back, and shoulders. The injured worker was diagnosed as having discogenic cervical condition with disc disease from C3-7, discogenic lumbar condition status post fusion at L4-5, and head injury status post-concussion with persistent headaches, blurry vision, memory changes, difficulty with concentration, anxiety, and stress. Treatment to date has included right carpal tunnel release and flexor tenosynovectomy in 2013, physical therapy, a home exercise program, corticosteroid injections to the finger, a L5 transforaminal epidural steroid injection, bilateral S1 transforaminal epidural injections, TENS, and medication including Norco, Flexeril, Lunesta, Tramadol ER, Nalfon, Naproxen, and Valium. Physical examination findings on 9-11-15 included trigger point tenderness along the shoulder on the right side. The injured worker had been taking Lunesta since at least April 2015. Notes indicate that the patient has previously undergone gastric bypass so there is concern about using anti-inflammatory agents. The patient has a history of developing blistering on her abdomen as a side effect from gabapentin. In 2014 the patient was diagnosed with major depression. In April 2015 the patient was noted to have pain rated as 7/10 in numerous body parts. The note indicates that the patient's symptoms are relieved/improved with Fentanyl, Norco, tramadol, Flexeril, and Trazodone for sleep. Future treatment recommended ongoing use of anti-inflammatory agents, muscle relaxants, and narcotic analgesics. Additionally, consideration was recommended for neuropathic pain medication and serotonin-norepinephrine reuptake inhibitors. The report dated September 11, 2015 identifies moderate carpal tunnel syndrome on the right side. The patient is noted to be depressed with psychiatrist recommended for

consultation. The patient is getting opiate pain medication from her doctor at [REDACTED]. The patient has quite a few headaches but has not seen a neurologist and a neurology consultation was denied. She was avoiding anti-inflammatory medication due to the surgery, but now 9 months after surgery, she should be on anti-inflammatory medication. On 9-11-15, the injured worker complained of neck pain, low back pain, and headaches. On 9-11-15 the treating physician requested authorization for a consultation with a pain management physician, Celebrex 200mg generic #30, Wellbutrin SR 150mg #60, Lunesta 2mg #30, Neurontin 600mg #90, and Fioricet #60. On 9-21-15 the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with pain management physician: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127x Other Medical Treatment Guideline or Medical Evidence: State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page Number 52.

Decision rationale: Regarding the request for referral to pain management for consultation and treatment, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain corroborated by physical exam findings. However, it is unclear exactly why pain management consultation is being requested. The patient's [REDACTED] Physician seems to feel comfortable prescribing the patient's current medications and there is no discussion regarding any interventional treatments being sought. In light of the above issues, the currently requested referral to pain management for consultation and treatment is not medically necessary.

Celebrex 200mg generic #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it appears the patient is having significant pain. Additionally, the patient cannot tolerate normal NSAIDs due to a history of gastric bypass. As such, a trial of Celebrex seems reasonable. Further use of Celebrex would of course require documentation of analgesic efficacy and objective functional improvement to support ongoing use. As such, the currently requested Celebrex is medically necessary.

Wellbutrin SR 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): SNRIs (serotonin noradrenaline reuptake inhibitors).

Decision rationale: Regarding the request for Wellbutrin, Chronic Pain Medical Treatment Guidelines states that Venlafaxine is an SNRI antidepressant that has been shown to be effective in relieving neuropathic pain of different etiologies. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, the patient appears to have depression for which a psychiatric consultation has been requested. Initial treatment of depression with an SNRI antidepressant is reasonable. Of course, ongoing use would require documentation of improved depressive complaints as well as discussion regarding side effects. As such, the currently requested Wellbutrin is medically necessary.

Lunesta 2mg #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.

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

Decision rationale: Regarding the request for Lunesta (eszopiclone), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of

insomnia, and no statement indicating how the patient has responded to Lunesta treatment. Finally, there is no indication that Lunesta is being used for short-term use as recommended by guidelines. Additionally, it appears the patient has responded well to treatment with Trazodone for sleep. As such, the currently requested Lunesta (eszopiclone) is not medically necessary.

Neurontin 600mg #90: Overturned

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

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

Decision rationale: Regarding request for Neurontin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, it appears the patient has symptoms and findings consistent with neuropathic pain. Neurontin is first-line treatment for neuropathic pain complaints. As such, a trial of Neurontin is reasonable. Of course, ongoing use of Neurontin will require documentation of analgesic efficacy, objective functional improvement, and discussion regarding side effects, to support its ongoing use. As such, the currently requested Neurontin is medically necessary.

Fioricet #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: Regarding the request for Fioricet, Chronic Pain Medical Treatment Guidelines state that barbiturate containing analgesic agents are not recommended for chronic pain. They go on to state that the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. As such, the currently requested Fioricet is not medically necessary.