MAXIMUS Federal Services

Case Number:	CM15-0194576		
Date Assigned:	10/08/2015	Date of Injury:	07/27/2011
Decision Date:	11/16/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 29 year old male, who sustained an industrial injury on 7-27-2011. The injured worker is being treated for right elbow sprain, right ulnar neuritis, right carpal tunnel syndrome, cervical radiculopathy, neurovascular thoracic outlet syndrome with double crush injury and chronic pain. Treatment to date has included medications, injections and physical therapy. Per the Primary Treating Physician's Progress Report dated 8-05-2015, the injured worker reported neck and arm pain rated as 2 out of 10. He has been using Percocet and Oxycontin for the pain. Trigger point injections have been significantly beneficial. Physical therapy has been beneficial. Objective findings included tenderness to the bilateral cervical muscles and ligaments, right greater then left, with multiple trigger points some of which elicit a twitch response and referred pain down the right upper extremity and superiorly to the right occipital ridge. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the use of the prescribed medications. The record states that the IW reported that he has been taking pain medication since one month after his injury. The notes from the provider do not document efficacy of the prescribed medications. Work status was deferred. The plan of care included injections, follow-up care and medications. Authorization was requested for Lyrica 150mg #45, Pristiq 50mg #30, Metoprolol 25mg #60, and Alprazolam 0.5mg #15. On 9-22-2015, Utilization Review non-certified the request for Lyrica 150mg #45, Pristiq 50mg #30 and Alprazolam 0.5mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50mg #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 (ODG), Treatment Index, 20th Edition (web), 2015, Mental Illness & Stress Chapter, Atypical Antipsychotics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter, pg 16.

Decision rationale: Pristiq is an SNRI anti-depressant. Anti-depressants are indicated for major depression or PTSD. In this case, the claimant was on a tricyclic anti-depressant, an anti-psyhotic and Pritiq. Response to medication, behavioral interventions and psychology/specialists input is not noted. The continued use of Prtistiq along with multiple anti-psychotics is not medically necessary.

Lyrica 150mg #45: Upheld

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): Pregabalin (Lyrica).

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnosis. The claimant had been on Lyrica along with other analgesics. It was used for sleep and pain. The medication is not indicated or approved for sleep. The claimant was on opioids for pain. There is no indication for continued use and Lyrica is not medically necessary.

Alprazolam 0.5mg tab #15: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because efficacy is unproven and there is a risk of addiction. Most guidelines limit its use of 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was on Alprazolam for months for anxiety with SNRIs and Tricyclics. There is no indication for multiple medications that can manage the same medical issue. Long-term use of Alprazolam is not recommended. The continued use of Alprazolam is not medically necessary.