

Case Number:	CM15-0200992		
Date Assigned:	10/16/2015	Date of Injury:	01/10/2002
Decision Date:	12/31/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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: Emergency 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 47 year old male, who sustained an industrial injury on 01-10-2002. A review of the medical records indicates that the worker is undergoing treatment for chronic right cervical radiculopathy, diabetes mellitus type II, diabetic peripheral neuropathy, chronic bilateral lumbar radiculopathy status post lumbar fusion and depressive disorder. Subjective complaints (06-10-2015) included neck and back pain as well as numbness and tingling and objective findings showed tenderness of the cervical and lumbar paraspinal muscles, facet pain and diffuse weakness and grip strength bilaterally. Medication was noted to help with pain but pain ratings before and after use of pain medication were not provided. Subjective complaints (08-14-2015) included neck pain and headaches with some numbness and tingling and low back pain and objective findings showed tenderness of the cervical and lumbar paraspinal muscles with hyperreflexic deep tendon reflexes in the upper extremities, biceps, triceps and brachioradialis bilaterally. There was no discussion as to the effectiveness of the prescribed pain medications and pain ratings were not provided. There was no discussion of any sleep issues. The injured worker was noted to be taking Naproxen but there was no documentation of gastrointestinal complaints. Subjective complaints (09-09-2015) included continued neck issues although there was no specific indication as to whether pain was present, as well as issues with sleep, stress and depression. There was no detailed discussion of the nature of the sleep, stress or depression issues. Objective findings (09-09-2015) included tenderness of the cervical and lumbar area, limited motion of the neck, positive facet loading and decreased range of motion of the lumbar spine and neck. Treatment has included Norco, Remeron, Effexor, Prilosec, Naproxen,

Neurontin, Tramadol (since at least 2012), Flexeril (as far back as 2012), chiropractic therapy, transcutaneous electrical nerve stimulator (TENS) and acupuncture, The physician noted that authorization was being requested for Aciphex, Flexeril, Topamax, Lunesta and Ultracet with no rationale given as to why these medications were being requested, that Maxalt was being requested for constant headaches and that conductive garment was being requested for his TENS unit. Documentation shows that anti-inflammatory medication had been prescribed as far back as 2012 and proton pump inhibitor medication (Prilosec) had been prescribed as far back as 2012 to buffer his stomach. Opioid medication (Norco and Tramadol) was prescribed at least since 2012. There was no documentation of any previous use of Aciphex, Lunesta or Maxalt. A utilization review dated 09-16-2015 non-certified requests for Aciphex 20 mg quantity 30, Lunesta 2 mg quantity 30, Ultracet 325-37.5 mg quantity 60, Maxalt 10 mg quantity 24 and 1 stimulator conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The request is for the use of Aciphex with diagnosis including chronic right cervical radiculopathy, diabetes mellitus type II, diabetic peripheral neuropathy, chronic bilateral lumbar radiculopathy status post lumbar fusion and depressive disorder. The MTUS guidelines state that clinicians should weight the indications for NSAIDs against GI and cardiovascular risk factors. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease would benefit from a proton pump inhibitor if on a non-selective NSAID. Risk is determined by an age of greater then 65, a history peptic ulcer or GI bleeding, concurrent use of aspirin or corticosteroids, or patients on high dose/multiple NSAIDS. In this case, there is no documentation found which places the patient at intermediate risk for gastrointestinal events such as peptic ulcer disease. As such, the request for the use of Aciphex is not medically necessary.

Lunesta 2mg quantity 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, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & Stress/Eszopicolone (Lunesta).

Decision rationale: The request is for the use of Lunesta for diagnosis including chronic right cervical radiculopathy, diabetes mellitus type II, diabetic peripheral neuropathy, chronic bilateral lumbar radiculopathy status post lumbar fusion and depressive disorder. The MTUS guidelines are silent regarding this medication and as such the Official Disability Guidelines were referenced and state that this medication is not recommended for long-term use. It is advised to limit use of hypnotics to three weeks maximum in the first two months of injury only and discourage use in the chronic phase. In this case, Lunesta is not guideline-supported. This is secondary to no documentation revealing a sleep disturbance, evaluation of potential etiologies, or sleep hygiene remedies attempted. Also, hypnotics should be limited to short-term use only. As such Lunesta is not medically necessary.

Ultracet 325/37.5mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request is for the use of Ultracet for diagnosis including chronic right cervical radiculopathy, diabetes mellitus type II, diabetic peripheral neuropathy, chronic bilateral lumbar radiculopathy status post lumbar fusion and depressive disorder. The medication Ultracet is a combination of Tramadol and Acetaminophen, with Tramadol being an opioid-type pain medication. The MTUS guidelines state that for on-going management of opioids, certain criteria are required. This includes documentation of pain, relief, functional status, appropriate medication use, and side-effects seen. A satisfactory response to treatment includes decreased pain with increased function and quality of life. An evaluation of the 4 A's for ongoing management includes assessment of analgesia, activities of daily living, adverse side-effects and aberrant behaviors seen. In this case, the use of Ultracet is not guideline-supported. This is secondary to the provided documentation not revealing objective functional improvement seen. As such, the use of Ultracet is not medically necessary.

Maxalt 10mg quantity 24: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head/Rizatriptan (Maxalt).

Decision rationale: The request is for the use of the medication Maxalt with diagnosis including chronic right cervical radiculopathy, diabetes mellitus type II with peripheral neuropathy, chronic bilateral lumbar radiculopathy status post lumbar fusion and depressive disorder. The MTUS guidelines are silent regarding this medication and as such the ODG is referenced, stating that Maxalt is recommended for migraine sufferers. In this case, this

medication is not guideline-supported. This is secondary to no documentation of a neurological evaluation which has been performed classifying the patient's headaches as migraine-type. As such, the use of Maxalt is not medically necessary.

1 stimulator conductive garment: Upheld

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

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

Decision rationale: The request is for a conductive garment for a TENS unit for diagnosis including chronic right cervical radiculopathy, diabetes mellitus type II, diabetic peripheral neuropathy, chronic bilateral lumbar radiculopathy status post lumbar fusion and depressive disorder. The MTUS guidelines state that a form-fitting TENS device is only considered medically necessary when there is a documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment. In this case, a conductive garment is not guideline-supported. This is secondary to no documentation explaining why the patient is unable to use a traditional system. As such, the use of conductive garment is not medically necessary.