

Case Number:	CM15-0204104		
Date Assigned:	10/20/2015	Date of Injury:	12/10/2012
Decision Date:	12/29/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/16/2015

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:

This injured worker is a 51 year old male who reported an industrial injury on 12-10-2012. His diagnoses, and or impressions, were noted to include: lumbar disc displacement without myelopathy; post lumbar laminectomy syndrome; brachial neuritis or radiculitis; lumbago; chronic pain syndrome; sciatica; thoracic and lumbar sprain-strains; and sleep disturbance. Recent magnetic imaging studies of the right knee were done on 8-22-2015. His treatments were noted to include: an agreed medical re-examination on 4-27-2015; chiropractic and acupuncture treatments; medication management with toxicology screenings (4-28-15); and rest from work. The pain management progress notes of 7-23-2015 reported: unchanged lower back pain, rated 7 out of 10, with paresthesias, that radiated to the right buttock, hip, thigh and knee, was associated with numbness, pins-needles and weakness, was aggravated by movements and activities, and was relieved by cold therapy, rest and medications; as well as tolerance to medications, and a poor quality of sleep. The objective findings were noted to include: no acute distress; a right-sided heel and mid-strike, antalgic gait; restricted lumbar range-of-motion, limited by pain, with tenderness with hypertonicity and tight muscle bands on the left side, and positive right straight leg raise; restricted right knee range-of-motion by pain, with tenderness over the posterior patellar band, with decreased strength in the right hip flexors and right knee and ankle flexors; and decreased sensation over the right medial-lateral calf and anterior-medial thigh. The physician's requests for treatment were noted to include: a prescription for Omeprazole DR 20 mg, 1 twice daily, #60; and refills for Clonazepam 2 mg, Vicodin 5-300 mg, and Zolof 100 mg. No Request for Authorization for a prescription for Omeprazole DR 20 mg, 1 twice daily, #60;

and refills for Clonazepam 2 mg, Vicodin 5-300 mg, and Zoloft 100 mg was noted in the medical records provided. The Utilization Review of 9-16-2015 modified the request for: Vicodin 5-300 mg, #30, to #15; Zoloft 100 mg, #30, to #15; and Clonazepam 2 mg, #120, to #60; and non-certified the request for Omeprazole delayed release 20 mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Delayed Release 20mg #30: Upheld

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

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

Decision rationale: Omeprazole Delayed Release 20mg #30 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Prilosec is therefore, not medically necessary.

Vicodin 5/300mg #30: Upheld

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

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

Decision rationale: Vicodin 5/300mg #30 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

Zoloft 100mg #30: Upheld

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

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

Decision rationale: Zoloft 100mg #30 is not medically necessary. CA MTUS page 13 states that antidepressants are recommended as first-line option for neuropathic pain, as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they're ineffective, poorly tolerated, or contraindicated. Zoloft is an SSRI. Per CA MTUS SSRIs is a class of antidepressants that inhibit reuptake of noradrenaline and dopamine and are controversial based on controlled trials. It is been suggested that the main role of this atypical antidepressant may be in addressing psychological symptoms associated with smoking cessation. More information is needed regarding the role of atypical antidepressants and pain. The medical records do not appropriately address whether the claimant has depression or smoking associated with chronic pain through psychological evaluation. Additionally there was not documentation that the enrollee failed Tricyclics which is recommended by CA MTUS as first line therapy; therefore, the request medication is not medically necessary.

Clonazepam 2mg #120: Upheld

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

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

Decision rationale: Clonazepam 2 mg #120 is not medically necessary for long term use but given this medication is a benzodiazepine, it is appropriate to set a weaning protocol to avoid adverse and even fatal effects. CA MTUS page 24 states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. They're ranging actions include sedative/have not it, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines for the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety; therefore the requested medication is not medically necessary.