

Case Number:	CM15-0020311		
Date Assigned:	02/09/2015	Date of Injury:	08/05/1998
Decision Date:	04/02/2015	UR Denial Date:	01/11/2015
Priority:	Standard	Application Received:	02/03/2015

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: Illinois

Certification(s)/Specialty: Psychiatry

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 50-year-old female who reported an injury on 08/05/1998. A previous request had been made for the medications in question. The requests were denied based on a lack of information to support ongoing use of the medications. The injured worker had been diagnosed with depressive disorder, anxiety, psychological factors effecting medical condition, and polysubstance abuse (narcotics and opioids). She reported difficulties with activities of daily living, and particularly group activities and speaking in public. She felt unstable, had crying spells, and depressed mood swings. She further reported having continued severe insomnia with increased pain in her right knee with previous treatments to include occipital blocks, oral medications, and oral steroids. She was to be placed in a detoxification program to wean off of her medications and receive only limited medications for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 15mcg/hr, 1 box (4 patches): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Opioids Page(s): 111-113; 74-96.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, opioids are not intended for long term use without documentation of medication compliance and effectiveness from the use of the medication. The most recent clinical documentation was stated from 2014 with and current comprehensive examination provided for review describing the efficacy from the use of the Butrans patches, nor what it was it intended to treat. This medication should be tapered in use due to the narcotic effect to avoid any adverse episodes form abrupt discontinuation. However, at this time, without having appropriate documentation to support ongoing use, the request cannot be supported. As such, the medical necessity has not been established.

Cerefolin Naz (1 4x a day) #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress Procedure Summary last updated 11/19/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/cerefolin-nac.html>.

Decision rationale: According to the online website Drugs.com, CerefolinNAC is a supplemental nutrition for treatment of patients with neurovascular oxidative stress or high blood levels of homocysteine. In the case of this injured worker, there was no current clinical documentation identifying her current pathology to warrant the use of this medication. Additionally, without having a current laboratory report for reference to establish whether or not this medication is still medically necessary, the request cannot be supported at this time. As such, the medical necessity has not been established.

Maxalt 10mg (1 4x a day) #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Procedure Summary last updated 12/5/214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Rizatriptan (Maxalt)^{1/2}.

Decision rationale: According to the Official Disability Guidelines, this medication is typically utilized to treat migraine sufferers. However, there was no current clinical documentation identifying the injured worker as suffering from migraines to support ongoing use of this

medication. Therefore, the requested Maxalt is not warranted as the medical necessity has not been established.

Norco 10/325mg (1 4x a day as needed) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Under the California MTUS Guidelines, without having a current confirmation of medication compliance to include a recent urine drug screen, current signed pain contract, or a current pill count, ongoing use of this medication cannot be supported. Additionally, without having a current comprehensive physical examination identifying the functional benefit from the use of this medication to include increased function, and decreased symptoms, the requested service cannot be supported at this time. As such, the Norco is not considered a medical necessity.

Prosom 2mg (1 at bedtime), #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the California MTUS Guidelines, long term use of benzodiazepines is not recommended. In the case of this injured worker, without having a current comprehensive physical examination provided for review to establish a medical necessity to support the use of this medication, the requested benzodiazepine in the name of Prosom cannot be warranted. As such, the medical necessity has not been established.

Viibryd 20mg (1 in the morning), #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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 and Stress Chapter, Vilazodone (Viibryd; ½).

Decision rationale: According to the Official Disability Guidelines, Viibryd is not recommended for use in pain control. This medication is listed as selective serotonin reuptake inhibitor utilized to treat depression. However, with a lack of current clinical documentation providing a comprehensive physical examination and rationale for use of this medication, the

requested service cannot be supported. Therefore, the medical necessity has not been established.