

Case Number:	CM15-0024899		
Date Assigned:	02/17/2015	Date of Injury:	03/30/1989
Decision Date:	05/06/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 72 year old female, who sustained an industrial injury on 3/30/1989. She reports a back and knee injury. Diagnoses include lumbar degenerative disc disease and pulmonary embolus. Treatments to date include epidural steroid injection, physical therapy and medication management. A progress note from the treating provider dated 12/8/2014 indicates the injured worker reported low back and left knee pain. On 1/16/2015, Utilization Review non-certified the request for Lidoderm patch 5% #90 with 2 refills, Voltaren 1% gel with 2 refills and 12 visits with complex chronic care coordinator services. The Utilization Review modified the request for Celexa 40mg #3 with 2 refills to no refills, Ambien 10mg #30 with 2 refills to no refills and Hydromorphone 2.5mg #120 to #90 and, citing MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 2.5 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78, 95).

Decision rationale: Per the MTUS opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, opioids should be continued if the patient has returned to work, has improved functioning and pain. For Ongoing monitoring, documentation should follow the 4A's, which include analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. Long-term users of opioids should be periodically reassessed and there should be documentation of pain and functional improvement compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Unfortunately a review of the injured workers medical records do not reveal documentation per MTUS recommendations and without this information medical necessity for continued use of Hydromorphone 2.5 mg #120 is not established. Thus, the request is not medically necessary.

Complex chronic care coordinator services; once a month for 12 months: Overturned

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 Official Disability Guidelines (ODG) Mental illness and stress/ Disease Management Programs.

Decision rationale: The MTUS /ACOEM did not specifically address the use of complex chronic care coordinator services, therefore other guidelines were consulted. Per the ODG, disease management programs are recommended especially for depressed patients. Disease management studies have represented 11 chronic conditions: depression, diabetes, rheumatoid arthritis, chronic pain, coronary artery disease, asthma, heart failure, back pain, chronic obstructive pulmonary disease, hypertension, and hyperlipidemia. Disease management programs for patients with depression had the highest percentage of comparisons showing substantial improvements in patient care, whereas programs for patients with chronic obstructive pulmonary disease or chronic pain appeared to be the least effective. A review of the injured workers medical records does show that she has depression and psychological symptoms related to chronic pain as well as short term memory issues, she also has a history of pulmonary embolism and is on anticoagulants. Based on her complex clinical presentation, her psychological symptoms and her short-term memory issues, the request for complex chronic care coordinator services; once a month for 12 months is medically necessary.

Ambien 10 mg #30 with 2 refills: 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 Official Disability Guidelines (ODG) Pain (Chronic) / Zolpidem (Ambien).

Decision rationale: The MTUS did not specifically address the use of Ambien, therefore other guidelines were consulted. Per the ODG, Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. A review of the injured workers medical records reveal subjective documentation of sleep difficulties and a history of sleep apnea with CPAP use, however given the risks there is no clear indication for the continued use of this medication in the injured worker, the risks outweigh the benefits and the continued use of Ambien is not medically necessary.

Lidoderm patch 5% #90 with 2 refills: Overturned

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

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

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical lidocaine in the form of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. A review of the injured workers medical records reveal a favorable response to the use of lidoderm patches, including reducing the need for opiates, she is also currently on antidepressants for depression and pain, and anticoagulants due to a history of pulmonary embolism. Based her clinical presentation and her positive response to lidoderm patches the request for lidoderm patch 5% #90 with 2 refills is medically necessary.

Voltaren 1% gel 300 gm with 2 refills: Overturned

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

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

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Voltaren gel 1% is recommended for the treatment of osteoarthritis pain in joints that lend themselves to topical treatment like the knee. A review of the injured workers medical records reveal a history of pulmonary embolism with anticoagulant use, she is also on antidepressant therapy and the use of Voltaren gel 1% as adjuvant therapy for knee pain based on its reduced systemic effects is medically necessary and appropriate.

Celexa 40 mg #30 with 2 refills: Overtaken

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Physicians' Desk Reference / Citalopram.

Decision rationale: Per the MTUS, antidepressants are recommended as first line option for neuropathic pain and possibly also for non-neuropathic pain. Celexa (Citalopram) is an SSRI and per the MTUS are mainly used in the management of psychological symptoms associated with chronic pain. Per the PDR it is used in the treatment of depression. A review of the injured workers medical records reveal subjective and objective findings of psychological symptoms associated with chronic pain and the continued use of citalopram (Celexa) is medically necessary.