MAXIMUS Federal Services

Case Number:	CM15-0223348		
Date Assigned:	11/19/2015	Date of Injury:	07/28/2012
Decision Date:	12/30/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/13/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 38-year-old male, who sustained an industrial injury on 7-28-12. The injured worker was being treated for cervicothoracic lumbar myofascial pain, intervertebral disc disease, compression fracture of thoracic spine, left shoulder internal derangement, left knee internal derangement and depression. On 4-24-15 and 6-25-15, the injured worker complains of sharp, shooting, aching intense pain rated 10-10 without medication and 8 out of 10 with medication. He notes the symptoms are reduced by lying down, medications, warm compresses and ointments. Documentation does not include duration of pain relief or improvement in function related to medications. He is totally temporarily disabled. Physical exam performed on 6-25-15 revealed edema to palpation in cervical region, right and left cervical dorsal area, right and left upper thoracic area, right and left mid thoracic area. An increase in pain was noted with range of motion. Treatment to date has included oral medication including Cymbalta (since at least 9-2013), Percocet, Prilosec (since at least 7-2012) and Xanax (since at least 7-2012). A urine drug screen was not submitted for review. The treatment plan included prescriptions for Cymbalta 60mg #30, Prilosec 40mg #30 and Xanax 1mg #120. On 10-19-15 request for Cymbalta 60mg #30 non-certified by utilization review, Prilosec 40mg #30 was non-certified by utilization review and Xanax 1mg #120 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg 1 PO QHS #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov;94 (2):149-58.

Decision rationale: The claimant sustained a work injury in July 2012 as the result of a rollover truck accident. The right front tire of his truck blew out and the truck flipped over 2-3 times. Treatments have included physical therapy and medications. In April 2015, medications were Percocet, Cymbalta, Xanax, and Prilosec. He was having sharp, aching, shooting pain increased with movements. Physical examination findings included pain with cervical and lumbar range of motion. Medications were continued. When seen in June 2015 he had decreased pain and was able to get out of bed without feeling depressed. Medications were decreasing pain from 10/10 to 8/10. Physical examination findings were unchanged. Medications were continued. Antidepressant medications are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta is in a class of medications called serotonin-norepinephrine reuptake inhibitors (SNRIs). These medications are used off label for fibromyalgia, neuropathic pain, and diabetic neuropathy. In this case, the claimant is being treated for chronic pain with neuropathic pain symptoms and depression which is reported as improved with this medication and medications were providing what is considered a clinically significant decrease in pain. The dose is consistent with that recommended. Ongoing prescribing was medically necessary.

Prilosec 40mg 1 QAM #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in July 2012 as the result of a rollover truck accident. The right front tire of his truck blew out and the truck flipped over 2-3 times. Treatments have included physical therapy and medications. In April 2015, medications were Percocet, Cymbalta, Xanax, and Prilosec. He was having sharp, aching, shooting pain increased with movements. Physical examination findings included pain with cervical and lumbar range of motion. Medications were continued. When seen in June 2015 he had decreased pain and was able to get out of bed without feeling depressed. Medications were decreasing pain from 10/10 to 8/10. Physical examination findings were unchanged. Medications were continued. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of Prilosec (omeprazole) is not considered medically necessary.

Xanax 1mg PO QID #120: 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: The claimant sustained a work injury in July 2012 as the result of a rollover truck accident. The right front tire of his truck blew out and the truck flipped over 2-3 times. Treatments have included physical therapy and medications. In April 2015, medications were Percocet, Cymbalta, Xanax, and Prilosec. He was having sharp, aching, shooting pain increased with movements. Physical examination findings included pain with cervical and lumbar range of motion. Medications were continued. When seen in June 2015 he had decreased pain and was able to get out of bed without feeling depressed. Medications were decreasing pain from 10/10 to 8/10. Physical examination findings were unchanged. Medications were continued. Xanax (Alprazolam) is a benzodiazepine, which is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly, within 3 to 14 days. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Continued prescribing is not medically necessary.