

Case Number:	CM15-0041876		
Date Assigned:	03/12/2015	Date of Injury:	08/08/2013
Decision Date:	04/16/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/05/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 45 year old female, who sustained an industrial injury on August 8, 2013. She reported a giving way of her left side and feeling a spasm type pain in the left neck, left shoulder pain, left low back, and left buttock. The injured worker was diagnosed as having lumbar spondylosis without myelopathy, lumbar disc degeneration, lumbago, disorders of the sacrum, cervical spine degenerative disc disease, mood disorder, and insomnia. Treatment to date has included x-rays, MRIs, chiropractic therapy, physical therapy, ice/heat, transcutaneous electrical nerve stimulation (TENS), home exercises, sacroiliac joint steroid injection, lumbar transforaminal epidural steroid injection, psychotherapy, work modifications, a cane, and pain, antidepressant, and anti-epilepsy medications. On March 28, 2015, the injured worker complains of neck pain, more on the left than the right, radiating to the left arm and low back pain. The pain is aching, burning, numbing, and tingling. Her mood and sleep are fair. The pain improves with medication, transcutaneous electrical nerve stimulation (TENS), traction, and stretching. The physical exam revealed level shoulders and iliac crest, normal spine curves, paracervical tenderness, normal tone of the paraspinous muscles, positive bilateral cervical facet loading, and normal reflexes, and intact sensation. The injured worker walked with a limp. There was tenderness of the lumbar paraspinous and bilateral sacroiliac joints, mild muscle spasms, normal tone of the lumbar paraspinous muscles, restricted lumbar lateral flexion and no restriction of rotation, normal muscle testing of the lower extremities, decreased Achilles reflex, decreased sensation of the thighs - greater on the right than the left, posterior left Fabere's test, bilateral guarded sacral thrust, and positive left Gaenslen's test, and a positive piriformis maneuver -

greater on the left than the right. The treatment plan includes continuing her current pain, antidepressant, and anti-epilepsy medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 7.5 mg # 60 three refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates are recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are spondylosis without myelopathy lumbar; lumbar disc degeneration; lumbago lumbar spine; disorders of sacrum; pain neck; degenerative disc disease cervical spine; mood disorder; and insomnia. The documentation indicates the injured worker has been on the Norco 7.5mg since March 28, 2014 as a refill. The start date is unclear from the documentation in the medical record. There are no risk assessments for detailed pain assessments (associated with ongoing opiate use). There is no objective functional improvement associated with ongoing Norco. The treating physician states the injured worker is doing well subjectively. Additionally, the treating physician requested three refills. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Norco and to gauge its efficacy, Norco 7.5 mg # 60 three refills is not medically necessary.

Celexa 10mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress section, Celexa (SSRI) Pain section, Antidepressants.

Decision rationale: Pursuant to the Official Disability Guidelines, Celexa 10 mg #60 with 3 refills (citalopram- a selective serotonin reuptake inhibitor-SSRI) is not medically necessary.

SSRIs are not recommended as a treatment for chronic pain but may have a role in treating secondary depression. Prescribing physicians should provide the indication for these medications. SSRIs have not been shown to be effective for low back. In this case, the injured worker's working diagnoses are spondylosis without myelopathy lumbar; lumbar disc degeneration; lumbago lumbar spine; disorders of sacrum; pain neck; degenerative disc disease cervical spine; mood disorder; and insomnia. The documentation indicates the injured worker has been on Celexa since June 6, 2014. The injured worker was diagnosed with a mood disorder several years prior. It is unclear from the documentation whether the disorder predates the date of injury and how the disorder is causally related to the work injury. The documentation indicates the injured worker was under the care of a psychologist in the years 1997 to 2000 for depression. There is no documentation of objective functional improvement although the treating physician documents subjective improvement in mood. Consequently, absent clinical documentation with objective functional improvement to gauge ongoing Celexa efficacy with a request for three refills, Celexa 10 mg #60 with three refills is not medically necessary.

Lyrica 25mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics (AEDs) Page(s): 16-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, AED.

Decision rationale: Pursuant to the Official Disability Guidelines, Lyrica 25 mg #90 with three refills is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnoses are spondylosis without myelopathy lumbar; lumbar disc degeneration; lumbago lumbar spine; disorders of sacrum; pain neck; degenerative disc disease cervical spine; mood disorder; and insomnia. The documentation indicates Neurontin was discontinued June 6, 2014 because of the development of pedal edema. Lyrica was started September 5, 2014 for neuropathic pain and restless leg syndrome. The treating physician states the injured worker had "good results on Lyrica. There was no documentation of objective functional improvement with ongoing Lyrica use. Additionally the treating physician requested three refills. Clinical follow-up is required within that time frame. Consequently, absent clinical documentation with objective functional improvement to gauge the efficacy of ongoing Lyrica use, Lyrica 25 mg #90 with three refills is not medically necessary.