

Case Number:	CM15-0042806		
Date Assigned:	03/12/2015	Date of Injury:	03/23/2009
Decision Date:	05/20/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/06/2015

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: New York
 Certification(s)/Specialty: Pediatrics, 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 56 year old male, who sustained an industrial injury on 3/23/2009. The mechanism of injury and initial complaint was not provided for review. The injured worker was diagnosed as having major depression, low back pain, lumbar 5 radiculopathy and restless leg syndrome. Treatment to date has included psychotherapy and medication management. Currently, a progress note from the treating provider dated 1/29/2015 indicates the injured worker reported lower back pain with bilateral lower extremities pain and increased restless leg syndrome and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Weaning of Medications Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use 4) On-Going Management Page(s): 78.

Decision rationale: The IW has been on long term opioids which is not recommended. Documentation did indicate that the IW's pain level decreased from 8/10 to 4/10 with use of Norco. However, documentation did not include functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts which was not included in the most recent visit documentation. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable.

Norco 10/325mg #150 (do not dispense until 02/29/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Weaning of Medications Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use 4) On-Going Management Page(s): 78.

Decision rationale: The IW has been on long term opioids which is not recommended. Documentation did indicate that the IW's pain level decreased from 8/10 to 4/10 with use of Norco. However, documentation did not include functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts which was not included in the most recent visit documentation. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable.

Effexor XR 75mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: Per MTUS guidelines, antidepressants are recommended as a first line option for neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. There is no notation in the medical records of the IW failing a first line agent. Additionally, Effexor is an SNRI and is FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. The request is not medically necessary and appropriate.

Xanax 0.5mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle relaxants (for pain), Weaning of Medications Page(s): 24, 63-66, 124.

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

Decision rationale: 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. This request is not medically necessary and appropriate.

Neurontin 800mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 15-19.

Decision rationale: MTUS guidelines state that antiepileptic drugs are recommended for neuropathic pain. A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. Neurontin has been considered as a first-line treatment for neuropathic pain. The patient should be asked at each visit as to whether there has been a change in pain or function. There is an EMG/NCV result noted in the progress notes but the official report is not included to document neuropathy in the IW. The IW had been transitioned to a long acting form of gabapentin to try and improve his restless leg syndrome and was noted to have increased pain and thus Neurontin was resumed. Due to the lack of documented neuropathy the request is not medically necessary and appropriate.