MAXIMUS Federal Services

Case Number:	CM15-0065454		
Date Assigned:	04/21/2015	Date of Injury:	08/31/1998
Decision Date:	07/27/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/06/2015

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: 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 60 year old female, who sustained an industrial injury on August 31, 1998. The injured worker was diagnosed as having cervicalgia, adjustment reaction with prolonged depressive reaction, headache or fascial pain and post laminectomy. Treatment and diagnostic studies to date have included injections, CAT scans, H-wave, Transcutaneous Electrical Nerve Stimulation (TENS) unit, electromyogram, physical therapy, laminectomy and medication. A progress note dated March 16, 2015 provides the injured worker complains of ongoing neck pain with numbness in the hands. He reports improved sleep due to medication. The plan includes numerous oral medications and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Marinol 5mg BID #100 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Cannabinoids.

Decision rationale: Marinol (Dronabinol) is a synthetic form of Marijuana. ODG does not recommend the use of Dronabinol for pain. Per guidelines, there are no quality studies supporting cannabinoid use, and there are serious risks. Documentation shows that the injured worker complains of chronic neck pain and bilateral hand numbness, treated with multiple medications. Per guidelines, Marinol is not recommended for chronic pain. The request for Marinol 5mg BID #100 with 2 refills is not medically necessary per guidelines.

Prozac 20mg 3 tabs q AM #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

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

Decision rationale: MTUS states that anti-depressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Selective Serotonin Re-uptake Inhibitors (SSRIs), are not recommended as a treatment for chronic pain. The main role of SSRIs is in treating psychological symptoms associated with chronic pain. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Documentation fails to show evidence of significant improvement in the injured worker's level of function or depression to establish the medical necessity for ongoing use of Prozac. The request for Prozac 20mg 3 tabs q AM #90 with 2 refills is not medically necessary by MTUS.

Lidocaine patch PRN #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Per guidelines, further research is needed to recommend Lidodem for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Documentation reveals that the injured worker complains of chronic neck pain and bilateral hand numbness. Physician reports fail to demonstrate supporting evidence of significant improvement in the injured worker's level of function. The request for Lidocaine patch PRN #60 with 2 refills is not medically necessary by lack of meeting MTUS criteria.

Lunesta 3mg 1-2 tabs q HS #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Mental Illness & Stress, Eszopicolone (Lunesta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment.

Decision rationale: Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. While sleeping pills 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. The injured worker is diagnosed with Insomnia and depression. Although there is report of improved sleep, long term use of Lunesta is not recommended and poses the risk of increasing depressive symptoms over time. The request for Lunesta 3mg 1-2 tabs q HS #60 with 2 refills is not medically necessary based on ODG.

Soma 350mg TID PRN #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker complains of chronic neck pain and bilateral hand numbness. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of Soma. The request for Soma 350mg TID PRN #90 with 2 refills is not medically necessary per MTUS guidelines.

Trazadone 100mg 2 tab q HS #200 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications.

Decision rationale: MTUS states that anti-depressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. ODG recommends that Trazodone may be used as an option for treating insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Documentation reveals that the injured worker has depression without significant improvement in function on current medication regimen. The medical necessity for ongoing use of Trazodone has not been established. The request for Trazadone 100mg 2 tab q HS #200 with 2 refills is not medically necessary.

Neurontin 800mg 2 tabs TID #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

Decision rationale: MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The injured worker complains of chronic neck pain and bilateral hand numbness. Documentation fails to show significant improvement in pain or level of function to support the medical necessity for continued use of Neurontin. The request for Neurontin 800mg 2 tabs TID #180 with 2 refills is not medically necessary by MTUS.

Voltaren gel apply QID as directed #3 with 2 refills: Upheld

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

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

Decision rationale: Voltaren Gel 1% (diclofenac) is a topical non-steroidal anti-inflammatoy drug (NSAID) indicated for short-term treatment (4-12 weeks) of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Per MTUS, topical NSAIDS are not recommended for neuropathic pain. The injured worker complains of chronic radicular neck pain. The request for Voltaren gel apply QID as directed #3 with 2 refills to treat this condition is not medically necessary by MTUS.