

Case Number:	CM15-0065862		
Date Assigned:	04/20/2015	Date of Injury:	02/10/2005
Decision Date:	07/22/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/07/2015

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 48 year old male who sustained an industrial injury on 02/10/2005. The injured worker was diagnosed with backache, disc disease, generalized anxiety disorder and depression. The injured worker has a medical history of diabetes mellitus, hypertension and status post cerebrovascular accident. There were no past treatments or interventions documented. According to the primary treating physician's progress report on March 16, 2015, the injured worker continues to experience back pain radiating to the right leg. Examination of the lumbar spine demonstrated limited range of motion in all planes, muscle tenderness at L4, L5 and at the sciatic notch. Lasegue's and straight leg raise was positive. Current medications are listed as Buspirone, Flector Patch, Zorvolex, Tylenol ES, Lexapro, Viagra, Neurontin, Calcium Citrate and Lidocaine Patches. Treatment plan consists of continuing isometric exercises, walking, psychological evaluation, weight control, diabetes control with reduced caloric intake, increase calcium intake (milk) and the current request for Calcium Citrate, Flector Patches, Lexapro, Lidocaine Patches, Neurontin, Tylenol, Zorvolex and Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 5mg (unspecified quantity): 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): 14-16.

Decision rationale: Per the MTUS, antidepressants are recommended as a first line option in the treatment of neuropathic pain. SSRI's inhibit serotonin reuptake without action on nor adrenaline, their use in chronic pain are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. A review of the injured workers medical records that are available to me do not reveal documentation of a clear rationale for prescribing this medication, there is also no documentation of mood, pain or functional improvement with the use of Lexapro and the request is not associated with a dosing regimen, frequency and quantity, without this information it is not possible to determine if continued use is medically necessary, therefore the request for Lexapro 5mg (unspecified quantity) is not medically necessary.

Viagra 50mg (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDconsult.com last updated 12/14/2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR.net) / Viagra (sildenafil citrate).

Decision rationale: The MTUS / ACOEM and the ODG did not address the use of Viagra (sildenafil citrate), Sildenafil is a Phosphodiesterase 5 (PDE5) inhibitor used in the treatment of erectile dysfunction (ED). A review of the injured workers medical records that are available to me did not reveal any documentation of improvement in function with the use of Viagra, there is also no dosing regimen, frequency and quantity associated with the request and without this information it is not possible to determine if continued use is medically necessary, therefore the request for Viagra 50mg (unspecified quantity) is not medically necessary.

Neurontin 100mg (unspecified quantity): 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 (AED)'s Page(s): 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. 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. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the 'trigger' for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails.(Eisenberg, 2007) (Jensen, 2006) 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. However a review of the injured workers medical records that are available to me do not reveal documentation of pain, functional improvement or side effects as required by the guidelines and without this information it is not possible to determine medical necessity for continued use, therefore the request for an unspecified quantity of Neurontin is not medically necessary.

Zorvolex 35mg (unspecified quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-68.

Decision rationale: Per the MTUS, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. Unfortunately a review of the injured workers medical records that are available to me do not reveal a failed trial of other first line recommended NSAID's, therefore the request for Zorvolex is not medically necessary.

Flector patch (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary.

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 anti-convulsants have failed. Many agents are compounded as mono-therapy 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. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, also the request is not associated with a dosing regimen or quantity and without this information medical necessity cannot be determined, therefore the request for an unspecified quantity of Flector patches is not medically necessary.

Tylenol 500mg (unspecified quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12.

Decision rationale: Per the MTUS, Acetaminophen is recommended as an initial treatment for mild to moderate pain, in particular, for those with gastrointestinal, cardiovascular and renovascular risk factors. (Laine, 2008) If pain is inadequately treated or there is evidence of inflammation, alternate pharmacologic treatment should be considered. In patients with moderate to severe disease, initial treatment with an NSAID may be warranted. The decision to use either class of drugs should be made on a case-by-case basis, incorporating factors including side effect profile and patient preferences. Current guidelines note that evidence is limited to make an initial recommendation with acetaminophen, and that NSAID's may be more efficacious for treatment. However a review of the injured workers medical records that are available to me do not reveal documentation of pain or functional improvement with the use of acetaminophen as required by the guidelines and without this information medical necessity for continued use is not established, therefore the request for an unspecified quantity of acetaminophen is not medically necessary.

Calcium Citrate (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDconsult.com last updated 10/01/2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation United States Preventive Services Task Force (USPSTF) / Vitamin D and Calcium to Prevent Fractures: Preventive Medication.

Decision rationale: The MTUS / ACOEM and the ODG did not address the use of calcium supplementation in the injured worker therefore other guidelines were consulted. Per the United States Preventive Services Task Force (USPSTF) the current evidence is insufficient to assess the balance of the benefits and harms of combined vitamin D and calcium supplementation for the primary prevention of fractures in men. A review of the injured workers medical records that are available to me do not reveal a clear rationale for the use of calcium citrate in the injured

worker, there is also no dosing regimen or quantity associated with the request and without this information it is not possible to determine if the use of calcium citrate is medically necessary, therefore the request for an unspecified quantity of calcium citrate is not medically necessary.

Lidocaine Patches (unspecified quantity): 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): 111-113.

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 anti-convulsants have failed. Many agents are compounded as mono-therapy 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. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, also the request is not associated with a dosing regimen or quantity and without this information medical necessity cannot be determined, therefore the request for an unspecified quantity of Lidocaine patches is not medically necessary.