

Case Number:	CM14-0118297		
Date Assigned:	09/05/2014	Date of Injury:	04/16/2001
Decision Date:	10/31/2014	UR Denial Date:	06/29/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 39-year-old female who reported injury on 04/16/2001. Mechanism of injury was not submitted for review. The injured worker has diagnosis of neck pain, myofascial pain and cervicogenic headaches. Past medical treatment consists of trigger point injections, physical therapy and medication therapy. Indications include tramadol, Soma, Ambien, Motrin, Maxalt MLT, Voltaren gel, Lyrica, and Prilosec. A urine drug screen was submitted on 04/12/2014 stating that the injured worker was in compliance with medication prescription. On 06/10/2014, the injured worker complained of neck pain and headaches. Physical examination was noted that the injured worker had a pain rate of 7/10. There was probable tenderness along the left neck, left paracervical muscles, left scalene muscles and spasm with a positive twitch sign. Palpation of the scalene caused radicular symptoms in her left upper extremity. There was known decreased sensation in the left upper extremity. The medical treatment plan is for the injured worker to continue the use of medications. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The request for Tramadol is not medically necessary. The California MTUS states central analgesic drug such as Tramadol are reported to be effective in managing neuropathic pain and does not recommend it as a first line or analgesic. California MTUS recommend that there should be documentation of the 4A's of ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. An assessment should also be submitted for review indicating what pain levels were before, during, and after medication administration. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping with any functional deficits the injured worker might have had. A urinalysis was submitted on 03/12/2014 showing that the injured worker was in compliance with prescription medications. However, there was no assessment submitted for review indicating what pain levels were before, during, and after medication administration. Additionally, there was no mention of any adverse side effects the injured worker might be having. Given the above, the injured worker was not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol) Page(s): 29, 65.

Decision rationale: Decision to the request for Soma 350 with a quantity of 90 is not medically necessary. California MTUS state that Soma is not indicated for longer than 2 to 3 week. Soma is a commonly prescribed, central acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Soma abuse has also been noted in order to allow the manual alter effects of other drugs. A withdrawal syndrome has been documented that consisted insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. Submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping within the functional deficits the injured worker might have had. The submitted documentation indicated mention that the injured worker had muscle spasms; however, there was no indication if the Soma was helping with such spasms. Additionally, the request as submitted is for Soma 350 with a quantity of 90, exceeding the recommendations for short term use. Furthermore, it was not documented in the submitted documentation as to how long the injured worker had already previously been on the medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.

Ambien 10mg #30: 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) Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ambien

Decision rationale: The request for Ambien is not medically necessary. The Official Disability Guidelines state that Ambien is a prescription short acting nonbenzodiazepine hypnotic, which is approved for short term, usually 2 to 6 weeks, treatment for insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers and anti-anxiety agents 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 only concern that they may increase pain and depression over the long term. Cognitive behavioral therapy should be an important part of insomnia treatment plan. The submitted documentations do not indicate the efficacy of the medication, nor did it indicate that the medication was helping the injured worker with insomnia. Furthermore, it is indicated in the submitted documentation that the injured worker had been taking the medication since at least 04/2014, exceeding the recommendations for short term use. There was also no mention of the injured worker having undergone a cognitive behavioral therapy. Given the above, and lack of documentation, the injured worker is not within ODG criteria. As such, the request is not medically necessary.

Motrin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Motrin 800 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend anti-inflammatories as a traditional first line treatment, to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. The comprehensive clinical trials on the efficacy and safety of drugs for treatment of low back pain concludes that available evidence supports the efficacy of nonselective nonsteroidal anti-inflammatory drugs and chronic low back pain. The report submitted revealed lack of updated documentation on the functionality of the Motrin's effectiveness. There was also no evidence reporting the injured worker's measurable pain right before, during, and after medication administration. The documentation lacked any evidence whether the Motrin helped the injured worker's functional deficits. Furthermore, the submitted report lacked any evidence of range of motion, motor strength or sensory deficits the injured worker might have had. Additionally, guidelines recommend anti-inflammatories for a first line treatment, but do not recommend them for long term use. The submitted documentation

indicates that the injured worker has been on medication since at least 04/2014, exceeding recommended guidelines for short term use. Furthermore, the request as submitted is for Motrin 800 mg with a quantity of 90, there was no specification or frequency or duration of the medication. Given the above, the request is not within MTUS recommended guidelines. As such, the request is not medically necessary.

Maxalt 10mg #6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/maxalt.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans (Rizatriptan)

Decision rationale: The request for Maxalt (Rizatriptan) is not medically necessary. The ODG recommends Maxalt for migraine sufferers. At marketed doses all oral Triptans are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. According to guidelines, the injured worker was not within criteria. It was noted in the submitted documentation that the injured worker suffered from cervicogenic headaches, ODG recommends the use of Maxalt for migraine sufferers. There lacked any evidence of the injured worker suffering from migraine headaches. Additionally, the provider did not submit a rationale to warrant the use of Maxalt MLT. As such, the request is not medically necessary.

Voltaren Gel 1% (100 gms) #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 112.

Decision rationale: The request for Voltaren gel is not medically necessary. The California MTUS state that Voltaren gel (diclofenac) is an FDA approved agent indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatments such as the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 gm per day (8 gm per joint per day in the upper extremity and 16 gm per joint per day in the lower extremity). There was no indication in the submitted documentation that the injured worker had pain in the ankle, elbow, foot, hand, knee or wrist. The FDA has not approved the use of Voltaren gel on backs, hips or shoulders. Additionally, the request as submitted did not indicate a dosage, frequency or duration of the medication. As such, the request is not medically necessary.

Lyrica 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 16.

Decision rationale: The request for Lyrica is not medically necessary. MTUS state Lyrica is an anticonvulsant that has been documented to be effective in treatment in diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered a first line treatment for both. Medication is designated as a schedule 5 controlled substance because of its causal relationship with euphoria. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. There was no indication in the submitted documentation that the injured worker had a diagnosis of diabetic neuropathy nor did it indicate that the injured worker suffered from postherpetic neuralgia. There was also no mention of the injured worker having suffered from anxiety. Additionally, the provider did not submit a rationale to warrant the continued use of Lyrica. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and Gastrointestinal Symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec 20 mg is not medically necessary. The California MTUS Chronic Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. It was noted that the injured worker had been taking Motrin 800 mg. However, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of this medication, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request as submitted did not indicate a frequency or duration of the medication. As such, the request is not medically necessary.