

Case Number:	CM14-0121693		
Date Assigned:	09/25/2014	Date of Injury:	03/01/2004
Decision Date:	10/27/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/01/2014

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 Pain Management, 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 67-year-old left-hand dominant female who sustained work-related injuries on March 1, 2004. Medical records dated January 6, 2014 documents that the injured worker was last seen on October 4, 2013 and noted that she was getting the two pain medications as prescribed. She reported that she ran out of pain medication last month due to being not seen. She was not much ambulatory and still was going through left ankle fracture issues consequently causing her not being able to walk on it. She also complained of neck and low back pain with residual leg pain. She rated her pain as 6-8/10 on average. She also complained of poor sleep quality due to pain. On examination, she presented on a wheel again and was not much ambulatory. She has a left ankle boot. She also complained of ongoing baseline back and leg pain. Her left leg/ankle was still on non-weight bearing. Per medical records dated July 2, 2014, the injured worker was last seen in her provider's office on January 6, 2014 noting that she has not been able to come due to transportation issues. She reported that her pump emptied out in March and her pain has increase. She would like to get back on her previous medications. She complained of severe back pain and neck pain again. She also complained of poor sleep quality due to pain. She rated her pain as 6-8/10 on average. Magnetic resonance imaging scan of the lumbar spine performed in August 2008 noted fusion across L4-5, facet disease at L3-4 and L5-S1. On examination, she presented on a wheel chair and she was not much ambulatory. She has left ankle weakness and complained of ongoing baseline back and leg pain. She is diagnosed with (a) cervicalgia; (b) lumbago; (c) thoraco/lumbosacral neuritis/radiculitis unspecified; and (d) post-laminectomy syndrome lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

IT pump replacement: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): page(s) 52-54.

Decision rationale: Based on the information presented on the medical records dated January 6, 2014 and July 2, 2014, there has been no change in pain levels rated at 6-8/10. The pain level rating provided by the injured worker is the same even prior to the IT pump running out on March 2014. Moreover, there is no significant change in the functional level of this injured worker and the same reason documented as in July 2, 2014 "consider IT pump exchange, given that it is some 8 years old and there may have been a battery low alarm in the past" is also documented in the January 6, 2014 records. There are no indications of any possible complications or issues related to the intrathecal pump that may warrant replacement. As per guidelines, IT pump medication refills can be periodically done depending on the discretion of the provider. Therefore, the requested IT pump replacement is considered not medically necessary.

Ambien CR 12.5mg QHS #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, Integrated Treatment/Disability Duration Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain (Chronic), Insomnia Treatment

Decision rationale: According to evidence-based guidelines, Ambien controlled release is recommended and effectively only up to 24 weeks in adults. In this case, the injured worker continued to complain of poor sleep quality secondary to her pain. However, it is noted that she has been utilizing Ambien controlled release in the long-term which is against the recommendations of evidence-based guidelines. Moreover, it is noted that adults who use this medication have a greater 3-fold increased risk for early death. Therefore, the medical necessity of the requested Ambien controlled release 12.5mg every night at bedtime #30 is not established.

Celebrex 200mg GID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Anti-inflammatory medications, Chronic Pain Medical.

Decision rationale: Antiinflammatory medications are not recommended for long-term usage. Moreover, this injured worker has elevated blood pressure. Evidence-based guidelines indicate that all non steroidal anti-inflammatory drugs have United States Boxed Warning for associated risk of adverse cardiovascular events, including myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. Moreover, guidelines indicate that the lowest effective dose should be sue for all non steroidal anti-inflammatory for the shortest duration of time and that the recommended dose is 200mg per day (single dose or 100mg twice per day). In this case, the frequency or dosage exceeds the recommendations of evidence-based guidelines and there is potential risk of further increase in this injured worker's elevated blood pressure which can cause serious effects. Given that the injured worker has been utilizing this medication in the long-term which exceeds guideline recommendations and the potential risk for serious side effects, the medical necessity of the requested Celebrex 200mg is considered to be not medically necessary.

Lyrica 100mg BID and QHS #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Antiepilepsy drugs (AEDs), Page(s): 16-22.

Decision rationale: Evidence-based guidelines indicate that Lyrica, an antiepilepsy drug, is documented to be a schedule V controlled substance due to its euphoric effect and anti-anxiety effect. It is considered as an effective treatment of diabetic neuropathy and postherpetic neuralgia. However, guidelines indicate that there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Continued use of anti-epilepsy drug depends on improved outcomes versus tolerability of adverse effects. In this case, most recent records July 2, 2014 indicate that the current pain level of this injured worker is 6-8/10 however when compared to January 6, 2014 records her pain level is rated at 6-8/10. This means that there is no change in pain level even after prolonged use of this pain and there seem to be no change or improvement in functionality. Therefore, the medical necessity of the requested Lyrica 100mg twice daily and every night at bedtime #120 is not established.

Cymbalta 60mg BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Duloxetine (Cymbalta), Page(s): , page(s) 43-44.

Decision rationale: Cymbalta (duloxetine) is an antidepressant and classified as a Selective Serotonin and Norepinephrine Reuptake Inhibitor. This medication is considered as an option in first-line treatment option in neuropathic pain. It is also indicated as a treatment of depression, generalized anxiety disorder, and pain related to diabetic neuropathy. Guidelines indicate this

class of medication may be indicated if there is documentation that tricyclics are ineffective, poorly tolerated, or contraindicated. Guidelines also indicate that long-term effectiveness of antidepressants has not been established. In this case, there is no documentation of a failure of first-line treatment (Tricyclics). Also, this medication is being used by the injured worker in long-term with no documented significant decrease in pain levels or significant increase in functionality. Therefore, the medical necessity of the requested Cymbalta 60mg twice daily #60 is not established.