

Case Number:	CM14-0122743		
Date Assigned:	09/16/2014	Date of Injury:	12/10/2011
Decision Date:	10/20/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 36 year old employee with date of injury of 12/10/2011. Medical records indicate the patient is undergoing treatment for cervical radiculopathy, left shoulder impingement, left wrist tendinitis/bursitis, lumbosacral radiculopathy, right lower extremity pain and right foot sprain/strain. He is s/p laminectomy and laminotomy on right L5-S1 for discectomy. Subjective complaints include neck pain radiating into the upper extremities. The patient also complains of low back pain radiating to the right lower extremity. He describes left shoulder and wrist pain. He says he has difficulty sitting, standing and walking. He says the most he can lift is 5 lbs. and daily activities cause increased pain to his neck, left shoulder, right wrist, low back and right lower extremity. He gets cramps in his right calf which also spasms at night. He has numbness and tingling in his right foot over the third, fourth and fifth toes. Objective findings include spasm and tenderness over the cervical paravertebral musculature, upper trapezium and interscapular area. Range of motion testing was completed without discomfort or spasm. There is no tenderness on shoulder exam and impingement was negative. Hawkin's and Yergason's were positive on the left. Exam of the wrists and hand revealed tenderness over the distal radius and carpus on the left. Phalen and reverse Phalen tests were positive bilaterally. Lumbar exam revealed tenderness and spasm in the paravertebral muscle. The patient can heel toe walk but with back pain. He squats with back pain. Treatment has consisted of Paxil, epidural steroid injections, Lexapro, Neurontin, Norflex and Prilosec. The utilization review determination was rendered on 7/28/2014 recommending non-certification of Lexapro 10mg #60; Lexapro 20mg #30; Neurontin 300mg #100; Norflex 100mg #100 and Prilosec 20mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants; Lexapro (Escitalopram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines SSRI, Page(s): 13-17. Decision based on Non-MTUS Citation ODG) Pain and Low Back, Depression and Antidepressants

Decision rationale: Lexapro is an SSRI (Selective serotonin reuptake inhibitors). MTUS states "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, 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. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain." See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. ODG states "Recommended as a first-line treatment option for major depressive disorder. See Antidepressants for treatment of MDD (major depressive disorder). See also selective serotonin reuptake inhibitors (SSRIs)". ODG states "Chronic low back pain: Tricyclic antidepressants can produce moderate symptom reduction for patients with chronic low back pain. The effect on function has not been determined. SSRIs do not appear to be beneficial. SNRIs have not been evaluated." The patient is diagnosed with lumbosacral and cervical radiculopathy and based on a review of MTUS and ODG would not benefit from a trial of Lexapro. MTUS recommends antidepressants such as Tricyclics for neuropathic pain and SSRI's, such as Lexapro for the treatment of psychological symptoms related to pain. While the treating physician details anxiety, depression, and insomnia, the treating physician did not document a diagnosis of depression. In addition, the treating physician mentions Paxil but does not detail a trial and failure of Paxil. As such, the request for Lexapro 10mg #60 is not medically necessary.

Lexapro 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants; Lexapro (Escitalopram):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines SSRI, Page(s): 13-17. Decision based on Non-MTUS Citation Pain and Low Back, Depression and Antidepressants

Decision rationale: Lexapro is an SSRI (Selective serotonin reuptake inhibitors). MTUS states "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, 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. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain." See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. ODG states "Recommended as a first-line treatment option for major depressive disorder. See Antidepressants for treatment of MDD (major depressive disorder). See also Selective serotonin reuptake inhibitors (SSRIs)". ODG states "Chronic low back pain: Tricyclic antidepressants can produce moderate symptom reduction for patients with chronic low back pain. The effect on function has not been determined. SSRIs do not appear to be beneficial. SNRIs have not been evaluated." The patient is diagnosed with lumbosacral and cervical radiculopathy and based on a review of MTUS and ODG would not benefit from a trial of Lexapro. MTUS recommends antidepressants such as Tricyclics for neuropathic pain and SSRIs, such as Lexapro for the treatment of psychological symptoms related to pain. While the treating physician details anxiety, depression, and insomnia, the treating physician did not document a diagnosis of depression. In addition, the treating physician mentions Paxil but does not detail a trial and failure of Paxil. As such, the request for Lexapro 20mg #30 is not medically necessary.

Neurontin 300mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Neurontin (gabapentin):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Anti-Epilepsy Drugs, Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-Epilepsy Drugs (AEDs) for Pain, Gabapentin (Neurontin).

Decision rationale: The MTUS considers Neurontin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". The treating physician does document neuropathic pain but did not document improved functionality and decreased pain after starting Neurontin. Based on the clinical documentation provided, there is no evidence that after starting a trial of Neurontin that the patient had a positive treatment response of at least 30% reduction in symptoms. As such, the request for Neurontin 300mg #100 is not medically necessary.

Norflex 100mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norflex (Banflex, Antiflex, Mio-Rel, Orphenate, Orphenadrine gener.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Guidelines Muscle Relaxants (for Pain) Page(s): 63-65.

Decision rationale: Norflex is classified as a muscle relaxant. MTUS states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Additionally, MTUS states ""Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to Diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. (Shariatmadari, 1975) Dosing: 100 mg twice a day; combination products are given three to four times a day. (See, 2008)." MTUS guidelines recommend against the long term use of muscle relaxants. The treating physician has not provided documentation of functional improvement while on Norflex, and the treating physician has not provided documentation of trials and failures of first line therapies. As such the request for 1 Prescription of Norflex (Orphenadrine) 100 Mg #100 is not medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, and GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI Symptoms & Cardiovascular Risk.

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200 four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the patient suffers from dyspepsia because of the present medication regimen. As such, the request for Prilosec 20mg #90 is not medically necessary.