

Case Number:	CM14-0128892		
Date Assigned:	08/18/2014	Date of Injury:	03/10/2009
Decision Date:	09/19/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/13/2014

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 Nevada. 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 records presented for review indicate that this 59 year-old female was reportedly injured on 3/10/2009. The mechanism of injury is not listed. The most recent progress note is dated 7/7/2014. It indicates that there are ongoing complaints of neck pain that radiates in the upper extremities, low back pain that radiates in the lower extremities. The physical examination demonstrated cervical spine: positive tenderness to palpation with tight bands and myofascial trigger points with twitch response in the scapula, trapezius, and rhomboid muscles causing radiating pain to the posterior scapula and neck. Cervical spine limited range of motion. Bilateral shoulders. Limited range of motion. Positive Hawkins. Bilateral elbows full range of motion. Positive tenderness to palpation in the medial lateral epicondylitis. Dural tension signs are mild radiating to the right arm. Lumbar spine positive tenderness to palpation, muscle spasms remained moderate in the right paravertebral region. Positive tenderness to palpation in the sacroiliac (SI) joint. No recent diagnostic studies were available for review. Previous treatment includes medications, and conservative treatment. A request had been made for Pristiq 50 mg #30, Celebrex 100 mg #60, Lamictal 25 mg #120, Lidoderm patch 5% #60, and was not certified in the pre-authorization process on 7/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 of 127.

Decision rationale: Pristiq is an serotonin-norepinephrine reuptake inhibitor (SNRI) drug in the same class of medications as effexor. The MTUS recommends the use of tri-cyclic antidepressants as first line agents. The SNRI drugs are not recommended for the treatment of chronic pain with the exception of individuals that are concurrently being treated for an additional psychiatric diagnosis. As such the request is considered not medically necessary.

Celebrex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,30, 70 of 126.

Decision rationale: MTUS guidelines support the use of Celebrex in select clinical settings of acute and chronic pain in conditions for which NSAIDs are recommended, but there is a significant risk of gastrointestinal (GI) complications. Review of the available medical records, reports chronic low back pain since 2009, but fails to document any risk or signs/symptoms of GI complications. Given the lack of clinical documentation to justify deviation from the guidelines, this request is not considered medically necessary.

Lidoderm Patch 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

Decision rationale: MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the claimant has no documentation of subjective or objective neuropathic pain of physical exam. As such, the request is considered not medically necessary.

Lamictel 25mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI EPILEPSY DRUGS (AEDS) ARE ALSO REFERRED TO AS ANTI-CONVULSANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20 of 127.

Decision rationale: Lamictal is a mood stabilizer and antiepileptic medication. The MTUS recommends against the use of this medication as a first-line treatment for neuropathic pain. Additionally, the MTUS indicates that a recent Cochrane review notes that this medication does not have a significant place in therapy at the present. As such, the request is considered not medically necessary.