MAXIMUS Federal Services

Case Number:	CM14-0097620		
Date Assigned:	07/28/2014	Date of Injury:	09/29/2009
Decision Date:	10/02/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/25/2014

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 Occupational Medicine 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:

There were 45 pages for this review. The application for independent medical review was signed on June 18, 2014. The services under review are as follows: the Lyrica 50 mg number 30 with three refills was approved and modified by the physician advisor for number 30 with no refills. Amitriptyline 50 mg number 60 with 3 refills was approved but modified by the physician advisor to 60 with no refills. Finally, the Ambien 10 mg number 3 refills were denied by the physician advisor. Per the records provided, the claimant was described as a female who was injured back in the year 2009. She fell in a parking area. She was currently receiving medicine and conservative care for chronic low back pain, chronic cervicalgia, headaches, migraines, left knee region neuropathic and burning pain. The claimant is post cervical discectomy and fusion from C5 to C7 by means of the anterior approach in 2011. She was on an extensive list of medicines including Imitrex, amitriptyline, ibuprofen, Ambien, tramadol, Zofran and Lyrica. A recent follow-up visit was noted to outline clinical findings related to the affected body parts. There was no acute exacerbation of pain documented or breakthrough pain or acute mild spasm or acute anxiety or acute insomnia. The doctor modified the request for Lyrica due to the multiple refills. The reviewer felt they were neither standard of practice nor recommended by the guidelines. The patient should be seen on a monthly basis to determine the effectiveness of the care. The same argument was proposed for amitriptyline. Finally, Ambien is not intended for long-term usage. The application for independent medical review was not signed and there was no date. There were physical therapy documentation and also primary and secondary physician progress reports that were provided and reviewed from mission medical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50 mg, thirty count with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS notes that these medicines are recommended for neuropathic pain (pain due to nerve damage). (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007). The MTUS further notes that most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). First, I did not see that this claimant had these conditions for which the medicine is effective. Secondly, even if it were, I would agree that permitting three months without evaluation would not be medically appropriate. The request for Lyrica 50 mg, thirty count with three refills, is not medically necessary or appropriate.

Amitriptyline 50 mg, sixty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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, under Antidepressants

Decision rationale: The MTUS is silent on this usage. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder. Also, I did not discern how effective it was with objective functional improvement for use in chronic pain management. The request for Amitriptyline 50 mg, sixty count with three refills is not medically necessary or appropriate.

Ambien 10 mg, thirty count with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS is silent on the long term use of Zolpidem. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long term usage. The guides note that 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 also concern that they may increase pain and depression over the long-term. (Feinberg, 2008). I was not able to find solid evidence in the guides to support long term usage. The request for Ambien 10 mg, thirty count with three refills, is not medically necessary or appropriate.