

Case Number:	CM14-0172980		
Date Assigned:	10/23/2014	Date of Injury:	11/07/2011
Decision Date:	08/26/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female who sustained an industrial injury on 11/07/11. Initial complaints and diagnoses are not available. Treatments to date include left foot surgery and medications, as well as an outpatient detox program. Diagnostic studies are not addressed. Current complaints are not addressed. Current diagnoses include complex regional pain syndrome left greater than right lower extremity, chronic intractable pain syndrome, status post crush injury to both feet, and severe depression. In a progress note dated 08/08/14 the treating provider reports the current medication regimen as Topamax, Nuedexta, Brintellix, Lunesta, and vistaril. The requested treatments include Nuedexta, Brintellix, Requip, and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month supply of Nuedexta: 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), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60 and 61. Decision based on Non-MTUS Citation ACOEM Pain update to Chapter 6, 2nd edition (2008) regarding Dextromethorphan.

Decision rationale: The patient presents with injury to bilateral feet; present complaints was not available. The request is for 1 MONTH SUPPLY OF NUEDEXTA. Patient is status post bilateral feet surgeries, dates unspecified and lumbar spine surgery 11/06/13. Per 07/31/14 progress report, patient's diagnosis include opiate dependency, left hip pain, likely impingement syndrome, low back pain, status post L4-5 partial laminectomy, foraminotomy and discectomy on 11/06/13, deconditioning, and moderate depression. Patient's medications, per 08/07/14 progress report, patient's medications include Norco, Topamax, Nudexta, Brintellix, Lunesta and Vistaril. Patient's work status was not specified. ACOEM Pain update to Chapter 6, 2nd edition (2008) states the following regarding Dextromethorphan: 1. Recommendation: Dextromethorphan for Peripheral Diabetic Neuropathy or Other Peripheral Neuropathies Dextromethorphan is recommended for treatment of select patients (e.g., those who have failed NSAIDs, TCAs, and anti-convulsant agents) with peripheral diabetic neuropathy and, by inference, other peripheral neuropathies. Indications Patients with diabetic neuropathy or other peripheral neuropathies who have failed NSAIDs, TCAs, and anti-convulsant agents. Frequency/Duration Doses used have ranged widely. In the successful trial, an average daily dose of 400mg was utilized. Dextromethorphan is recommended in doses that are on average at least 3 times higher than the antitussive dose, and carefully titrated to therapeutic effect. Duration of use for patients with chronic neuropathic pain should generally be limited to 2 or 3 months as there is no evidence of long-term safety, although longer periods of use may be reasonable. Indications for Discontinuation Resolution of neuropathic pain, lack of efficacy, development of adverse effects. Regarding medications for chronic pain MTUS Guidelines pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." Treater has not discussed this request. Review of the medical records provided indicate that the patient has been utilizing Nuedexta since at least 07/29/14. However, there are no discussions regarding the efficacy of this medication in terms of pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, this medication is indicated for diabetic peripheral neuropathy or other peripheral neuropathies, which this patient does not have. This request is not in line with guideline recommendations and therefore, it is not medically necessary.

1 month supply of Brintellix: 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 SSRI selective serotonin reuptake inhibitors Page(s): 107.

Decision rationale: The request is for 1 MONTH SUPPLY OF BRINTELLIX. Patient is status post bilateral feet surgeries, dates unspecified and lumbar spine surgery 11/06/13. Per 07/31/14 progress report, patient's diagnosis include opiate dependency, left hip pain, likely impingement syndrome, low back pain, status post L4-5 partial laminectomy, foraminotomy and discectomy on 11/06/13, deconditioning, and moderate depression. Patient's medications, per 08/07/14 progress report, patient's medications include Norco, Topamax, Nudexta, Brintellix, Lunesta and Vistaril. Patient's work status was not specified. The MTUS guidelines page 107 on SSRI selective serotonin reuptake inhibitors states that it is not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors is 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 maybe in addressing psychological symptoms associated with chronic pain. Treater has not discussed this request. Review of the medical records provided indicate that the patient has been utilizing Brintellix since at least 07/29/14. Patient is diagnosed with severe depression. Given the patient's diagnosis of depression, the continued use of Brintellix. However, there are no discussions regarding the efficacy of this medication. MTUS page 60 require documentation of functional benefit when medications are used. The request is not medically necessary.

Requip 1mg #30 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.accessdata.fda.gov/drugsatfda_docs/label/2013/204447s000lbl.pdf.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg Chapter under Restless legs syndrome (RLS).

Decision rationale: The patient presents with injury to bilateral feet; present complaints was not available. The request is for REQUIP 1 MG # 30 TABLETS. Patient is status post bilateral feet surgeries, dates unspecified and lumbar spine surgery 11/06/13. Per 07/31/14 progress report, patient's diagnosis include opiate dependency, left hip pain, likely impingement syndrome, low back pain, status post L4-5 partial laminectomy, foraminotomy and discectomy on 11/06/13, deconditioning, and moderate depression. Patient's medications, per 08/07/14 progress report, patient's medications include Norco, TopamaxNudexta, Brintellix, Lunesta and Vistaril. Patient's work status was not specified. The MTUS and ACOEM Guidelines do not address Requip; however, ODG Guidelines states that Requip is "not considered first-line treatment and should be reserved for patients who have been unresponsive to other treatment." Requip is a medication used to treat patient with restless leg syndrome. ODG further states there are four essential criteria to diagnosis a patient with restless leg syndrome: (1) an urge to move the legs; (2) the urge to move and/or unpleasant sensations that become worse during periods of rest or inactivity; (3) partial relief of symptoms with movement; and (4) worsened sensations at night. Treater has not discussed this request. In review of the medical records provided, there is

no indication of a prior use of this medication and it appears that the treater is initiating this medication. However, this medication is indicated for treating restless leg syndrome which this patient does not present with. This request is not in line with guideline recommendations and therefore, it is not medically necessary.

Lunesta 3mg #30 tablets: 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), Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter under Eszopicolone (Lunesta).

Decision rationale: The patient presents with injury to bilateral feet; present complaints was not available. The request is for LUNESTA 3 MG # 30 TABLETS. Patient is status post bilateral feet surgeries, dates unspecified and lumbar spine surgery 11/06/13. Per 07/31/14 progress report, patient's diagnosis include opiate dependency, left hip pain, likely impingement syndrome, low back pain, status post L4-5 partial laminectomy, foraminotomy and discectomy on 11/06/13, deconditioning, and moderate depression. Patient's medications, per 08/07/14 progress report, patient's medications include Norco, Topamax Nudexta, Brintellix, Lunesta and Vistari . Patient's work status was not specified. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Treater has not discussed this request. Review of the medical records provided indicate that the patient has been utilizing Lunesta since at least 07/29/14. ODG guidelines however, recommends short-term use of up to 3 weeks. The request for 30 tablets in addition to prior prescriptions exceeds MTUS intended short-term use of this medication. Therefore, the request is not medically necessary.