MAXIMUS Federal Services

Case Number:	CM14-0212225		
Date Assigned:	01/02/2015	Date of Injury:	07/04/2000
Decision Date:	02/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 4, 2000.In a Utilization Review Report dated November 19, 2014, the claims administrator partially approved a request for Cymbalta, failed to approve a request for Soma, partially approved a request for Topamax, failed to approve a request for Xanax, and failed to approve a request for Zomig. The claims administrator noted that the applicant had ongoing issues with chronic low back pain status post earlier lumbar laminectomy surgery. The applicant also had superimposed issues with anxiety disorder and migraine headaches, it was incidentally noted. The claims administrator referenced an RFA form received on November 14, 2014 and a progress note dated November 11, 2014 in its determination. The applicant's attorney subsequently appealed. On November 11, 2014, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant reported ancillary complaints of neck pain and hip pain. The applicant was off of work, it was acknowledged. The applicant was status post lumbar fusion surgery, epidural steroid injection therapy, spinal cord stimulator implantation, unspecified amounts of physical therapy, and unspecified amounts of chiropractic manipulative therapy. 5/10 pain was reported. The applicant stated that her ability to perform activities of daily living was limited by 90% as compared to a preinjury. The applicant stated that she was, consequently, depressed. The applicant's medication list included Topamax, Zomig, Synthroid, Paxil, Soma, Lopressor, Benadryl, Advair, Zocor, Levoxyl, Percocet, Claritin, and Xanax, it was

incidentally noted. Prilosec was endorsed on the grounds that the applicant needed to use Prilosec in conjunction with NSAIDs so as to thwart issues with NSAID-induced reflux. Alprazolam and Wellbutrin were discontinued. Cymbalta, Soma, and Topamax were continued. It was stated that Topamax was being continued for migraine headaches. Somewhat incongruously, the attending provider stated in one section of the note that Xanax was being refilled while another section of the note stated that alprazolam was being discontinued. A functional restoration program was also sought. On October 7, 2014, the applicant reported persistent complaints of low back pain, neck pain, depression, and anxiety. The applicant's medication list was not clearly stated. On May 6, 2014, the applicant reported issues with depression, anxiety, neck pain, and back pain. The applicant was using Topamax, Cymbalta, and Xanax. It was suggested that the applicant was using Xanax as needed for sedative and/or anxiolytic effect. On May 6, 2014, it was stated that the applicant was also depressed. It was stated that the applicant had issues with headaches, although there was no mention of migraine-type headaches evident on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #7, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,Chronic Pain Treatment Guidelines MTUS 9792.20f. Page(s): 402.

Decision rationale: The attending provider stated on November 11, 2014 that Cymbalta was being employed for depression. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants such as Cymbalta to exert their maximal effect, in this case, however, the applicant has been using Cymbalta for a minimum of several months. It does not appear that Cymbalta has proven successful in ameliorating or augmenting the applicant's mood. On November 11, 2014, it was acknowledged that the applicant's emotional condition had declined. The applicant was deteriorating. The applicant had failed to return to work, it was noted on that date. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.

Soma 350mg #60, 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxer. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Soma

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic. Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was/is using Percocet, an opioid agent; it was suggested on November 11, 2014. Concurrent usage of carisoprodol or Soma is not recommended in conjunction with the same, particularly for the long-term use role for which it is seemingly being employed here. Therefore, the request was not medically necessary.

Topamax 100mg #30, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) section.Functional Restoration Approach to Chronic Pain Management sectio. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Topamax Medication Guide.

Decision rationale: While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Topamax can be employed for neuropathic pain in applicants in whom other anticonvulsants have been attempted and/or failed and while the Food and Drug Administration (FDA) notes that Topamax can be employed to treat epilepsy and to prevent migraine headaches, these recommendations are, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, it was acknowledged on the November 11, 2014 progress note on which Topamax was renewed. The applicant continues to report issues with chronic pain syndrome, headaches, poor coping skills, only minimal reduction of pain with medications, etc. The applicant reported 90% reduction in her day-to-day levels of function, despite ongoing usage of Topamax. Ongoing usage of Topamax failed to curtail the applicant's dependence on opioid agents such as Percocet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Topamax. Therefore, the request was not medically necessary.

Xanax 0.5mg #30, 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in this case, however, the applicant has been using Xanax (alprazolam) for what appears to be a minimum of

several months, for anxiolytic and/or sedative effect. Such usage, however, is incompatible with the MTUS position in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

Zomig 5mg #9, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Zomig Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Zomig usage, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider should discuss the "efficacy of the medication for the particular condition" for which it is being employed. Here, the attending provider suggested but did not clearly state that Zomig was being employed for migraine headaches. While the Food and Drug Administration (FDA) does acknowledge that Zomig is in fact indicated in the treatment of migraine headaches, with and without aura, in this case, however, the attending provider's documentation did not establish a diagnosis of migraine headaches for which introduction, selection, and/or ongoing usage of Zomig would have been indicated. A May 6, 2014 progress note was notable for comments that the applicant had issues with headaches secondary to depression and anxiety. There was no mention of migraine-type headaches with associated photophobia, phonophobia, nausea, auras, etc. Similarly, a November 11, 2014 progress note likewise contained no references to issues with migraine-type headaches. In fact, the review of systems section of the November 11, 2014 progress note was notable for commentary that the applicant explicitly denied any headaches. The documentation on file, thus, did not establish a diagnosis of migraine headaches for which ongoing usage of Zomig would have been indicated, nor did the attending provider clearly establish that ongoing usage of Zomig had in fact proven effective for whatever purposes it was being employed. Therefore, the request was not medically necessary.