

Case Number:	CM15-0010175		
Date Assigned:	01/27/2015	Date of Injury:	03/10/2009
Decision Date:	03/25/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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: New York

Certification(s)/Specialty: Emergency 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 injured worker is a 50 year-old female who has reported widespread pain and mental illness attributed to an industrial injury on 3/10/2009. The diagnoses have included cervical strain with radicular symptoms, multilevel degenerative disc disease, fusion at C3-4, Klippel-Feil deformity C3-C4, chronic pain, headaches, lumbar strain with radicular symptoms, bilateral shoulder and bilateral elbow strains, and depression/anxiety/loss of sleep due to pain. Treatment has included medications and psychotherapy. Psychotherapy reports during 2014 are brief, do not show significant progress, and show ongoing symptoms and poor function. Periodic reports from the primary treating physician show the work status to be the same. Psychiatric symptoms are moderate to severe. Pain is widespread. Function is poor. The treatment plans are to continue medications. Per the report of 10/6/14, there were the same ongoing symptoms. All medications result in reduction in symptoms, generally of 50%. Per the PR2 of 12/8/14, there was ongoing multifocal pain. Psychiatric conditions were partially controlled with Lamictal, Pristiq, and Nuvigil. Pain reduction was reported with all medications together. Significant functional limitations, even with very light activities, continue. Psychiatric symptoms were worse, and many were severe. There was no discussion of the specific results of using any medication alone. The injured worker was stated to be unable to work in a competitive environment and this was unchanged. Medications were continued. On 12/19/2014 Utilization Review non-certified Pristiq 50mg #30, Celebrex 100mg #60, Lamotrigine ER 100mg #30, and Lidoderm Patches 5% #60, noting the lack of objective functional benefit. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants, SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 13-16, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, antidepressants

Decision rationale: It appears from the available records that Pristiq has been prescribed for mental illness more than for chronic pain. Pristiq is an SNRI which may be indicated for chronic pain, per the MTUS. SNRI antidepressants are also indicated for treating depression. Other than general references by the treating physician to improvement in symptoms with medications, there is no other evidence in the records that Pristiq has a significant benefit. Psychiatric symptoms are trending worse, and were recently severe. The work status remains extremely limited, precluding nearly all employment. Pain remains widespread and limiting. Although antidepressants are a treatment option for chronic pain and depression, per both the MTUS and the Official Disability Guidelines, the benefits in this case are minimal at best as measured by the ongoing symptoms and poor function. The current treatment plan, which appears to be an indefinite continuation of this antidepressant in spite of the major deficits and worsening symptoms, does not appear warranted. There are many other antidepressants and other treatments which may be attempted. Pristiq is not medically necessary based on the lack of specific and ongoing benefit, including the lack of improved function.

Celebrex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs, specific drug list & adverse effects Page(s): 60, 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, NSAIDs, celecoxib

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific functional benefit. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Celecoxib has an elevated cardiovascular risk profile. The treating physician has not provided the specific indications for this NSAID over those with a better cardiovascular profile.

Celebrex is not medically necessary based on the lack of sufficient and specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Lamotrigine ER 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, Pain chapter, AEDs, treatment of anxiety and depression

Decision rationale: Per the MTUS, AEDs like lamotrigine are recommended as second or third line options for neuropathic pain. There is a lack of evidence for an adequate trial of first line drugs. There is a lack of evidence that lamotrigine or any other of the current medications is successfully treating the widespread pain, based on the ongoing pain and poor function. If lamotrigine is prescribed for the psychiatric symptoms, the most recent report is of worsening and severe symptoms, which should be an indication to re-examine the treatment plan, not continue the same treatment. Lamotrigine is not a first line drug for pain or psychiatric symptoms, and there are no reports discussing the reasons why lamotrigine is preferred for this injured worker, particularly in light of the apparent poor response. Lamotrigine is not medically necessary based on the lack of good indications and lack of specific benefit.

Lidoderm Patches 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 57.

Decision rationale: Topical lidocaine (Lidoderm patch) is indicated for post-herpetic neuralgia, according to the manufacturer. The MTUS recommends Lidoderm only for localized peripheral neuropathic pain after trials of tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain (which is not radiculopathy), or that she has failed the recommended oral medications. There is insufficient evidence of significant benefit, as discussed above. Lidoderm is not medically necessary based on the MTUS.