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| Case Number: | CM15-0115324 | | |
| Date Assigned: | 06/23/2015 | Date of Injury: | 05/14/2002 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 05/19/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

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: 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 66 year old male, who sustained an industrial injury on May 14, 2002. The injured worker was diagnosed as having chronic pain syndrome and cervical degenerative disc disease (DDD). Treatment to date has included medication, physical therapy and home exercise program (HEP). A progress note dated May 8, 2015 provides the injured worker complains of neck pain. He rates the pain 4/10 and stable. He reports occasional numbness and tingling in the forearms. Physical exam notes dragging the right foot on ambulation. Leg and foot range of motion (ROM) is decreased. The plan includes Kadian, docusate sodium, ibuprofen, Seroquel, Cymbalta and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 400mg Qty: 420.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 51, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 22, 60.

Decision rationale: The 68 year old patient complains of chronic neck pain, rated at 4/10, along with numbness and tingling in his forearms, as per progress report dated 05/08/15. The request is for IBUPROFEN 400mg QTY: 420.00. The RFA for this case is dated 05/11/15, and the patient's date of injury is 05/14/02. Diagnoses, as per progress report dated 05/08/15, included chronic neck pain, cervical degenerative disc disease, chronic pain syndrome, and history of bicarpal tunnel syndrome. Medications included Kadian, Seroquel, Cymbalta, Lunesta, Docusate and Ibuprofen. The reports do not document the patient's work status. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Ibuprofen is first noted in progress report dated 11/21/14. In report dated 08/08/15, the treater states that all medications help him. He denies having any side effects to them. The treater, however, does not document specific reduction in pain and improvement in function due to Ibuprofen use, as required by MTUS page 60. Given the lack of documentation, the request IS NOT medically necessary.

Seroquel 50mg Qty: 210.00: 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 Medications for chronic pain Page(s): 60.

Decision rationale: The 68 year old patient complains of chronic neck pain, rated at 4/10, along with numbness and tingling in his forearms, as per progress report dated 05/08/15. The request is for SEROQUEL 50mg QTY: 210.00. The RFA for this case is dated 05/11/15, and the patient's date of injury is 05/14/02. Diagnoses, as per progress report dated 05/08/15, included chronic neck pain, cervical degenerative disc disease, chronic pain syndrome, and history of bicarpal tunnel syndrome. Medications included Kadian, Seroquel, Cymbalta, Lunesta, Docusate and Ibuprofen. The reports do not document the patient's work status. ODG guidelines, Mental Illness and Stress chapter under Atypical Antipsychotics section states: "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics eg, quetiapine, risperidone for conditions covered in ODG." "Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielmans, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems." The guidelines go on and state "off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. (Jin, 2013)." MTUS page 60 require documentation of pain and function when medications are used for chronic pain. In this case, a prescription for Seroquel is first noted in progress report dated 11/21/14. As per the report, the patient is irritable as he is unable to function like before but "since Sequorel was increased to 50mg few weeks ago,

his irritability is getting better." In the same report, the treater also states that the patient is "not sure if he is depressed..." ODG guidelines, however, do not support the use Seroquel as a first-line treatment, especially without a clear diagnosis. ODG classifies Seroquel as an atypical antipsychotic which is not recommended for conditions covered in ODG and further states that adding atypical antipsychotic to an antidepressant provides "limited improvement in depressive symptoms in adults." Hence, the request IS NOT medically necessary.

Cymbalta 60mg Qty: 210.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 16-17.

Decision rationale: The 68 year old patient complains of chronic neck pain, rated at 4/10, along with numbness and tingling in his forearms, as per progress report dated 05/08/15. The request is for CYMBALTA 60mg QTY: 120.00. The RFA for this case is dated 05/11/15, and the patient's date of injury is 05/14/02. Diagnoses, as per progress report dated 05/08/15, included chronic neck pain, cervical degenerative disc disease, chronic pain syndrome, and history of bicarpal tunnel syndrome. Medications included Kadian, Seroquel, Cymbalta, Lunesta, Docusate and Ibuprofen. The reports do not document the patient's work status. Regarding Cymbalta, the MTUS guidelines page16-17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy... Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." MTUS page 60 require documentation of pain and function when medications are used for chronic pain. In this case, the use of Cymbalta has been noted since 11/21/14. The patient is irritable but there is no clear diagnosis of depression. The progress reports do not discuss neuropathic pain as well. The purpose of this medication is not clear. Additionally, the treater does not document efficacy of the medication, as required by MTUS, page 60. Hence, the request IS NOT medically necessary.

Lunesta 30mg Qty: 210.00: 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), Non-Benzodiazepine sedative-hypnotics.

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 68 year old patient complains of chronic neck pain, rated at 4/10, along with numbness and tingling in his forearms, as per progress report dated 05/08/15. The request is

for LUNESTA 30mg QTY: 210.00. The RFA for this case is dated 05/11/15, and the patient's date of injury is 05/14/02. Diagnoses, as per progress report dated 05/08/15, included chronic neck pain, cervical degenerative disc disease, chronic pain syndrome, and history of bicarpal tunnel syndrome. Medications included Kadian, Seroquel, Cymbalta, Lunesta, Docusate and Ibuprofen. The reports do not document the patient's work status. ODG-TWC, Mental & Stress Chapter states: "Eszopiclone (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." In this case, a prescription for Lunesta is first noted in progress report dated 11/26/14. In progress report dated 12/18/14, the treater states that the patient's "sleep continues to be difficult." The treater, however, does not document the efficacy of Cymbalta. Additionally, ODG guidelines do not support long-term use of Lunesta. Hence, the request IS NOT medically necessary.