

Case Number:	CM15-0115982		
Date Assigned:	07/23/2015	Date of Injury:	08/03/2002
Decision Date:	09/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, New York, 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 50-year-old who has filed a claim for chronic shoulder, leg, knee, and low back pain with derivative complaints of depression and insomnia reportedly associated with an industrial injury of August 3, 2002. In a Utilization Review report dated June 2, 2015, the claims administrator failed to approve requests for Treximet, Prozac, Lunesta, and acupuncture. The claims administrator referenced a May 19, 2015 RFA form in its determination. The claims administrator contended that the applicant had attended at least six weeks of acupuncture treatments. The claims administrator framed the request for Lunesta as a renewal request. A May 14, 2015 progress note was also cited. The applicant's attorney subsequently appealed. On July 9, 2015, the applicant reported multifocal complaints of neck, mid back, shoulder, and ankle pain. The applicant had undergone earlier left ankle ORIF surgery, it was reported. The applicant also had chronic shoulder, knee, low back, and neck pain complaints, it was reported, with derivative complaints of depression and insomnia. The applicant was on Neurontin, Prozac, Lunesta, and Treximet, it was reported. Lunesta was employed to ameliorate the applicant's sleep, while Treximet was being furnished for headaches. The applicant's complete medication list, it was stated in another section of the note, included Zohydro, Prilosec, Neurontin, Prozac, and Lunesta. The applicant was given a rather proscriptive limitation of "sedentary work only. " It was not clearly stated whether the applicant was working or not with said limitation in place, although this did not appear to be the case. On June 11, 2015, the applicant reported ongoing complaints of neck, back, and lower extremity pain. The applicant stated that Prozac was ameliorating her mood and motivation, while Lunesta

was reportedly ameliorating her sleep. The applicant stated that Treximet was providing resolution of headaches when they arose. The applicant's medication list included Zohydro, Prilosec, Neurontin, Prozac, Lunesta, and Treximet. In a May 14, 2015 progress note, the applicant reported multifocal complaints of neck, shoulder, and low back pain. The attending provider contended that previously prescribed acupuncture had in fact proven beneficial. The applicant was on Zohydro, Prilosec, Neurontin, Prozac, Lunesta, and Treximet, it was reported. Multiple medications were renewed. The attending provider stated that Treximet was being employed for acute-onset migraines when they arose. Once again, it did not appear that the applicant was working with limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treximet quantity 9: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Triptans.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans and Other Medical Treatment Guidelines U. S. Food and Drug Administration TREXIMET®(sumatriptan and naproxen sodium)206 INDICATIONS AND USAGE207 TREXIMET is indicated for the acute treatment of migraine attacks with or without aura in208 adults. Carefully consider the potential benefits and risks of TREXIMET and other treatment209 options when deciding to use TREXIMET.

Decision rationale: The request for Treximet (sumatriptan-naproxen) was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper use and so as to manage expectations. Treximet, an amalgam of sumatriptan and naproxen, per the Food and Drug Administration (FDA), is indicated in the treatment of acute migraine attacks with or without aura. Here, the attending provider did suggest that Treximet had proven effective in attenuating symptoms associated with migraine headaches if and when they arose, generating headache relief sometimes as soon as 20 minutes following each dosage of the same. ODG's Head Chapter also notes that triptan medications such as Treximet (sumatriptan-naproxen) are recommended for migraine sufferers, noting that all oral triptans are effective and well tolerated. Continued usage of Treximet was, thus, indicated, given the applicant's reportedly favorable response to the same. Therefore, the request was medically necessary.

Prozac 20mg quantity 90: Overturned

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

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

Decision rationale: Similarly, the request for Prozac, an SSRI antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Prozac may be helpful to alleviate symptoms of depression, as were/are present here. The attending provider, furthermore, reported on June 11, 2015 that Prozac had ameliorated her overall mood and motivation levels. Continuing the same, on balance, was indicated. It did appear that the applicant was deriving some, admittedly incomplete, augmentation in mood with ongoing Prozac usage. Therefore, the request was medically necessary.

Lunesta 3mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Insomnia Treatment.

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

Decision rationale: Conversely, the request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopicolone topic notes that Lunesta is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, however, the applicant had seemingly been using Lunesta for a minimum of several months on or around the date of the request. Continued usage of the same, thus, ran counter to ODG's parameters for such usage. The attending provider failed to furnish a clear or compelling rationale for continued usage of Lunesta in the face of the unfavorable ODG position on the same. Therefore, the request was not medically necessary.

6 acupuncture visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Finally, the request for six sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792. 24. 1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792. 20e, here, however, the applicant failed to demonstrate a concrete evidence of functional improvement as defined in Section 9792. 20e despite receipt of earlier unspecified amounts of acupuncture over the course of the claim, including six recent treatments in early 2015 alone. The applicant remained dependent on opioid agents such as Zohydro and non-opioid agents such as Neurontin and Treximet. A rather proscriptive limitation of "sedentary work only" was renewed, unchanged, on office visits of May 14, 2015, June 11, 2015, and July 9, 2015. All of the foregoing, taken together, strongly suggested that the applicant had in fact failed to profit

from earlier acupuncture treatment in terms of the functional improvement parameters established in MTUS 9792. 20e. Therefore, the request was not medically necessary.