

Case Number:	CM15-0122277		
Date Assigned:	07/06/2015	Date of Injury:	01/30/2009
Decision Date:	09/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/24/2015

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, Tennessee

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 44-year-old male, who sustained an industrial injury on January 30, 2009. Treatment to date has included anti-depressant medications, spinal cord stimulator, pain medication, and psychiatry therapy. Currently, the injured worker complains of intractable neck pain. He reports that Lidocaine patches are helping with the pain. The injured worker reports that he is able to sit for 30 minutes, standing for 15-20 minutes and walk for 15-20 minutes. The injured worker rates his pain a 6 on a 10-point scale. He reports that his sleep is disturbed due to pain and he is able to perform all activities of daily living. The injured worker's current medication regimen includes Cymbalta, Norco, Gabapentin, Risperidone, and Quetiapine. The documentation indicates that the injured worker has been using Gabapentin and Norco since at least February 10, 2014. The diagnoses associated with the request include cervical degenerative disc disease with intractable neck pain, cervical radiculopathy, and depression secondary to chronic pain. The treatment plan includes continuation of Cymbalta, Norco, Gabapentin, Risperidone and Quetiapine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 by mouth every 6 hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids, criteria for use, Opioids for chronic pain, When to discontinue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving Norco since at least February 2014 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. Therefore, the request is not medically necessary.

Gabapentin 300mg 1-2 by mouth 4 times daily #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 18-19.

Decision rationale: Gabapentin is an anti-epileptic medication. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain and has FDA approval for treatment of post-herpetic neuralgia. Gabapentin appears to be effective in reducing abnormal hypersensitivity, to have anti-anxiety effects, and may be beneficial as a sleep aid. Gabapentin has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated; however, common side effects include dizziness, somnolence, confusion, ataxia, peripheral edema, dry mouth, and weight gain. It has been recommended for the treatment of pain from spinal cord injury, fibromyalgia, lumbar spinal stenosis, and chronic regional pain syndrome. Recommended trial period is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. If inadequate control of pain is found, a switch to another first-line drug is recommended. In this case the patient has been receiving Gabapentin since at least February 2014 and has not obtained analgesia. Switch to another first-line drug is recommended. Therefore, the request is not medically necessary.

Cymbalta 30mg 1 by mouth daily #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 15-16.

Decision rationale: Cymbalta is duloxetine, a selective serotonin and norepinephrine reuptake inhibitors (SNRI). It 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. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects include dizziness, fatigue, somnolence drowsiness, anxiety and insomnia. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. In this case, there is no documentation to support the diagnoses of diabetic neuropathy or fibromyalgia. In addition, the patient has been taking the medication since at least March 2015 and there has been minimal benefit. Therefore, the request is not medically necessary.

Risperidone 0.5mg 1 by mouth at bedtime #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, Mental Illness and Stress Chapter, Risperidone (Risperdal), A typical antipsychotics, Anxiety medications in chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Medical Letter on Drugs and Therapeutics, September 19, 2011, Issue 1373: Adjunctive Antipsychotics for Major Depression.

Decision rationale: Risperidone is a second generation anti-psychotic medication. Second-generation antipsychotics used as adjunctive therapy in patients with treatment-resistant major depression has been modestly effective in short-term studies, but can cause disturbing adverse effects, particularly weight gain and akathisia. In this case, there is no documentation to support the diagnosis of major depression. The patient has not been under psychiatric care. Medical necessity has not been established. Therefore, the request is not medically necessary.

Quetiapine Fumarate 25mg 1 by mouth every other day #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, Mental Illness & Stress, Quetiapine (Seroquel).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs for Insomnia, Treatment Guidelines from The Medical Letter - July 1, 2012 (Issue 119) p. 57; Drugs for Psychiatric Disorders, Treatment Guidelines from The Medical Letter - June 1, 2013 (Issue 130) p. 53.

Decision rationale: Quetiapine is a second generation anti-psychotic medication, used for treatment of schizophrenia, schizoaffective disorder, delusional disorder and other

manifestations of psychosis or mania. Quetiapine commonly causes somnolence, dizziness, constipation, postural hypotension, hyperglycemia and weight gain. Second-generation antipsychotics have also been prescribed for insomnia but their serious adverse effects would be difficult to justify for treatment of insomnia alone. In this there is insufficient documentation in the medical record to support the diagnosis of any psychotic disorder. Medical necessity has not been established. Therefore, the request is not medically necessary.