

Case Number:	CM15-0127586		
Date Assigned:	07/14/2015	Date of Injury:	05/28/2013
Decision Date:	08/18/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/01/2015

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: 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 injured worker (IW) is a 29-year-old female who sustained an industrial injury on 05/28/2013. Diagnoses include discogenic cervical condition; left shoulder strain; lumbar sprain; and sleep disturbance, depression, headache and weight gain due to chronic pain. Treatment to date has included medication, neck pillow, neck traction, heat/cold application, physical therapy, chiropractic treatment, trigger point injection and TENS unit. According to the progress notes dated 5/26/15, the IW reported having difficulty getting out of bed and difficulty sleeping due to pain. She reported headaches and numbness of the right arm and shoulder. She also complained of numbness, weakness and difficulty bearing weight on her legs. It was noted the MRIs of the neck and low back on 11/20/13 were unremarkable, as was the MRI in March 2015 of the left shoulder. On examination, there was tenderness along the rotator cuff on the right side and along the trapezius and facets of the cervical and lumbar spine. Range of motion was decreased in the upper and lower spine and upon abduction of the right arm. The provider also noted the IW was depressed. A request was made for Effexor XR 75mg, #60 for depression; Aciphex 20mg, #30; Maxalt 10mg, #12 for headaches; and Neurontin 600mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 75 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 14, 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Section Page(s): 13-16.

Decision rationale: The MTUS Guidelines recommended the use of antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects should be assessed, including excessive sedation (especially that which would affect work performance). SNRIs are effective in the treatment of depression. In this case, the injured worker has been diagnosed with depression but there are no psychiatric notes available to assess the level of depression or to ascertain what medications the injured worker should take for the condition. For these reasons, the request for Effexor XR 75 mg is determined to not be medically necessary.

Aciphex 20 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 - 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Proton Pump Inhibitors Section.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. Per the ODG, other PPIs such as Protonix, Dexilant, and Aciphex, should be second-line. While there is evidence of gastrointestinal events in this case, there is no documented evidence supporting the use of Aciphex over a first-line agent like Prilosec. The request for Aciphex 20 mg, thirty count is determined to not be medically necessary.

Maxalt 10 mg, twelve count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Rizatriptan (Maxalt) Section.

Decision rationale: Recommended for migraine sufferers. See Triptans. Rizatriptan (Maxalt) is a triptan drug developed by ██████████. for the treatment of migraine headaches. Meta-analyses of double-blind placebo-controlled studies have confirmed the superior efficacy of rizatriptan. While the Maxalt brand of rizatriptan therapy is more expensive than other triptans, savings can be expected in reduced migraine-related loss of work productivity compared with less effective treatments. According to the FDA Orange Book, equivalent generics have been approved for Maxalt, so generic rizatriptan would be recommended. In this case, there is no evidence that the injured worker has been diagnosed with Migraine headache, therefore, the request for Maxalt 10 mg, twelve count is determined to not be medically necessary.

Neurontin 600 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18 - 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Section Page(s): 16-21.

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The clinical documentation does not clearly show that the injured worker has neuropathic symptoms. There are no clinical findings that confirm functional improvement; therefore, the request for Neurontin 600 mg, ninety count is determined to not be medically necessary.