

Case Number:	CM15-0176103		
Date Assigned:	09/17/2015	Date of Injury:	07/22/2005
Decision Date:	11/18/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/08/2015

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: Internal 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 58 year old female with an industrial injury dated 07-22-2005. Medical record review indicates the injured worker was being treated for post laminotomy pain syndrome with chronic right lumbar radiculitis, major depression, chronic pain syndrome and frozen right shoulder. In the progress note dated 05-26-2015 the injured worker presented with "severe widespread pain, fatigue, incontinence and fibromyalgia fog symptoms." Physical exam noted she was wearing a soft collar and using a cane to ambulate. "She is pleasant, but lethargic and depressed." In the progress report dated 07-27-2015 noted the injured worker returned to the office and "is certainly distressed that her medications are not being renewed." The treating physician documents the injured worker's clinical condition has been stable and has not changed. "The medications all provide some improvement in quality of life, pain control and psychological symptoms." In regards to the injured worker's medication the provider documents the following: Aricept 10 mg per day, "She has developed dementia symptoms related to fibromyalgia fog with forgetfulness and confusion." The treating physician documents the Aricept has helped with forgetfulness and confusion. She has been taking Aricept since at least 06-21-2013. Ritalin: "for severe fatigue related to chronic pain syndrome-fibromyalgia." "Without the Ritalin, she spends most of her day in bed." She has been taking Ritalin since at least 06-21-2013. Edluar 10 mg for sleep disorder , the treating physician documents the injured worker has been resistant to other sleep aids such as Ambien and Lunesta. She has been on Edluar since at least 08-20-2013. She has been taking Lorazepam, Lidoderm and Dexilant and Celexa since at least 03-15-2013. The

treatment request is for the following: Ritalin 20 mg #60, Lorazepam 0.5 mg #60, Lidoderm Patches 5%, Edluar 10 mg #30, Dexilant 10 mg #60, Celexa 40 mg #30, Aricept 10 mg #30. On 08-06-2015 the request for the following items was denied by utilization review: Ritalin 20 mg #60, Lorazepam 0.5 mg #60, Lidoderm Patches 5%, Edluar 10 mg #30, Dexilant 10 mg #60, Celexa 40 mg #30, Aricept 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aricept 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://ncbi.nlm.nih.gov/pubmed/17472546>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com/contents/.

Decision rationale: MTUS does not address this request. Aricept is recommended in the treatment of Alzheimer's Dementia. Physician reports indicate that the injured worker is prescribed Aricept to treat fibromyalgia fog with forgetfulness and confusion. Guidelines do not support the use of Aricept in this clinical scenario. The request for Aricept 10mg #30 is not medically necessary per established guidelines.

Ritalin 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://ncbi.nlm.nih.gov/pubmed/22208450>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com/contents/.

Decision rationale: MTUS does not address this request. Ritalin is indicated for use in the treatment of Adult Deficit Hyperactive Disorder (ADHD) and Narcolepsy. Physician reports indicate that the injured worker is prescribed Ritalin to treat complains of severe fatigue related to Chronic pain syndrome and Fibromyalgia. Documentation fails to demonstrate that the injured worker has a diagnosis that warrants the use of this medication. The request for Ritalin 20mg #60 is not medically necessary per guidelines.

Dexilant 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG, Pain Chapter, Proton pump inhibitors (PPIs).

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. In general, the use of a PPI should be limited to the recognized indications, including preventing gastric ulcers induced by NSAIDs, and used at the lowest dose for the shortest possible amount of time. Per guidelines, a trial of Omeprazole or Lansoprazole should be used before prescription Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. The injured worker is diagnosed with Gastroesophageal reflux disease. Documentation fails to indicate any active gastrointestinal symptoms, and there is no evidence that the injured worker is being prescribed NSAIDs or at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Dexilant, instead of recommended first line PPIs. The request for Dexilant 10mg #60 is not medically necessary per guidelines.

Edluar 10mg #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 (ODG), Pain (updated 07/15/15) - Online Version: 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) Pain Chapter, Insomnia treatment.

Decision rationale: MTUS does not address this request. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, used for treatment of insomnia. Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Edluar sublingual tablet is a new formulation of Zolpidem (Ambien), which does not appear to have any therapeutic benefit over existing generic Zolpidem. Documentation indicates that the injured worker has chronic pain syndrome and has been prescribed hypnotics for a period longer than recommend guidelines. The injured worker is also reported to have failed prior trial of Ambien and Lunesta. The medical necessity for continued use of Edluar has not been established. The request for Edluar 10mg #30 is not medically necessary based on ODG.

Lorazepam 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker has been prescribed this medication for a longer duration of time with no significant improvement in function. The request for Lorazepam 0.5mg #60 is not medically necessary, by MTUS.

Celexa 40mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Selective Serotonin Reuptake Inhibitors (SSRIs), are not recommended as a treatment for chronic pain. In addition, these drugs have not been shown to be effective for low back pain. The main role of SSRIs is in treating psychological symptoms associated with chronic pain. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. According to chart documentation, the injured worker is diagnosed with Major Depression with ongoing symptoms of depression. The recommendation for continued use of Celexa is reasonable until further therapeutic intervention is implemented. The request for Celexa 40mg #30 is medically necessary

Lidoderm Patches 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Per guidelines, further research is needed to recommend Lidoderm for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Physician reports fail to demonstrate supporting evidence of significant improvement in the injured worker's pain to establish the medical necessity for ongoing use of Lidoderm patch. The request for Lidoderm Patches 5% is not medically necessary by lack of meeting MTUS criteria.