

Case Number:	CM15-0020292		
Date Assigned:	02/12/2015	Date of Injury:	08/18/2008
Decision Date:	06/11/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/03/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old female, who sustained an industrial injury on 08/18/2008. The mechanism of injury was repetitive lifting of heavy boxes. The documentation of 12/11/2014 the injured worker had complaints of headache and essentially all over body pain. The medications continued to benefit the injured worker and provided functional gains. The medication reduced pain by 40%. The side effects were constipation and somnolence. The functional gains included increasing mobility and restorative sleep and contribution to quality of life. The injured worker was seeing a psychologist biweekly. The injured worker had been seen by 3 psychiatrists, all of whom declined to treat her as she was on Cymbalta. The Cymbalta was initially prescribed by the prior pain management physician. The treatment plan included a continuation of medications and Request for Authorization for TENS supplies, including electrodes and batteries. Medications included tizanidine 4 mg 1 to 2 per day as needed for spasm, Cymbalta 60 mg 1 daily, Topamax 50 mg 1 twice a day, morphine ER 15 mg extended release 2 tablets twice a day for pain, and gabapentin 600 mg, as well as aspirin 81 mg delayed release. The injured worker was noted to undergo random urine drug testing to monitor compliance and the CURES database was used to screen for multiple prescribers. On provider visit dated 01/15/2015, the injured worker has reported headaches and all over body pain. On examination of cervical spine, she was noted to have tenderness of the paracervical area and decreased range of motion. The diagnoses have included displacement of cervical intervertebral disc without myelopathy, cervical post-laminectomy syndrome, neck pain, brachial neuritis, disorder of back and headache. Treatment to date has included medication and drug screens. On

01/20/2015 Utilization Review non-certified Aspirin 81mg #30, Cymbalta 60mg #30, Gabapentin 600mg #180, Morphine ER 15mg #120, TENS electrodes and batteries, Tizanidine 4mg #60, Topamax 50mg #60 and urine drug screen, as not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60: 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 Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tizanidine 4 mg #60 is not medically necessary.

Cymbalta 60mg #30: 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 antidepressants Page(s): 13.

Decision rationale: The California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The clinical documentation submitted for review failed to provide documentation of an assessment in the changes in the use of other analgesic medications and sleep quality and duration. There was a psychological assessment. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Cymbalta 60 mg #30 is not medically necessary.

Topamax 50mg #60: 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 Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had a decrease in pain by 40%. Objective functional benefit was noted. However, the request as submitted failed to indicate the frequency for the requested medication. Additionally, there was noted to be antiepilepsy medications prescribed. A second antiepilepsy medication was being concurrently reviewed. There was a lack of documented rationale for 2 antiepilepsy medications. Given the above, the request for Topamax 50 mg #60 is not medically necessary.

Morphine ER 15mg #120: 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, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for morphine ER 15 mg #120 is not medically necessary.

Gabapentin 600mg #180: 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 Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had a decrease in pain by 40%. Objective functional benefit was noted. However, the request as submitted failed to indicate the frequency for the requested medication. Additionally, there was noted to be 2 antiepilepsy medications prescribed. A second antiepilepsy medication was being concurrently reviewed. There was a lack of documented rationale for 2 antiepilepsy medications. Given the above, the request for gabapentin 600 #180 is not medically necessary.

Aspirin 81mg #30: 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 Nonprescription medications.

Decision rationale: The California MTUS Guidelines recommend nonprescription medications for pain. The clinical documentation submitted for review failed to provide a rationale for the requested medication. There was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for aspirin 81 mg #30 is not medically necessary.

Urine drug screen: 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 Ongoing Management Page(s): 78.

Decision rationale: The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for urine drug screen is not medically necessary.

TENS electrodes and batteries: 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 TENS unit Page(s): 114-116.

Decision rationale: The California Medical Treatment Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review indicated the injured worker had utilized the TENS unit. However, the objective functional benefit and an objective decrease in pain were not provided. As such, the necessity for TENS unit supplies would not be medically necessary. Given the above, the request for TENS unit electrodes and batteries is not medically necessary.

