

Case Number:	CM15-0022335		
Date Assigned:	02/11/2015	Date of Injury:	03/09/2011
Decision Date:	05/18/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/05/2015

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

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 56 year old female who sustained an industrial injury on March 9, 2011. The mechanism of injury was the injured worker was struck on the right side of her head by a male student, causing her to fall to the floor and lose consciousness for a brief moment. The current diagnoses include major depression, sleep disorder, cognitive disorder, post-traumatic stress disorder, pain disorder, and personality disorder. The latest physician progress note submitted for review was documented on 12/16/2014. The injured worker presented for a psychological followup evaluation regarding the work related injury. It was noted that the injured worker was initially diagnosed with a concussion following the injury. The injured worker reported constant head pain as well as low back pain, shoulder pain, and neck pain. The injured worker utilized an H-wave device at home. In terms of depression, the injured worker reported continued sadness, fatigue, low self esteem, apathy, a sense of hopeless and pleasure in participating in activities, social avoidance, a lack of motivation, loss of interest, passive suicidal ideation, and crying episodes. There had been no changes in the injured worker's symptoms. The injured worker walked slowly with a cane. It was also noted that the injured worker had recently begun a course of acupuncture treatment for the shoulder. The injured worker reported ongoing panic attacks and anxiety at night causing insomnia. It was noted that the injured worker was utilizing Ambien, Xanax, and sumatriptan. Treatment recommendations at that time included continuation of the current medication regimen as well as individual psychotherapy. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker has continuously utilized Norco 10/325 mg since at least 07/2014. There was no documentation of objective functional improvement. There was also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

Ambien 12.5mg #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) Chronic Painm Zolpidem (ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. According to the documentation provided, the injured worker has continuously utilized Ambien. Despite the ongoing use of this medication, the injured worker continues to report symptoms of insomnia. There was no evidence of a failure of nonpharmacologic treatment prior to the initiation of a prescription product. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

Xanax .25mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependence. In this case, the injured worker has continuously utilized the above medication. Despite the ongoing use of this medication, the injured worker continues to report ongoing panic attacks and anxiety. There was no mention of functional improvement. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Lidoderm patch 5%, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patch Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. In this case, there was no documentation of a failure of first line therapy. There was also no frequency listed in the request. As such, the request is not medically appropriate at this time.

Topamax 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for neuropathic pain when other anticonvulsants have failed. In this case, there was no documentation of a failure of first line anticonvulsants prior to the initiation of Topamax. There was also no frequency listed in the request. As such, the request is not medically appropriate.