MAXIMUS Federal Services

Case Number:	CM15-0037525		
Date Assigned:	04/02/2015	Date of Injury:	08/20/1999
Decision Date:	05/14/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/27/2015

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, Public Health & General Preventive 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 54-year-old female who reported an injury on 08/20/1999. The mechanism of injury involved repetitive activity. The current diagnoses include lumbar postlaminectomy syndrome, lumbar myofascial pain syndrome, chronic pain syndrome, and fibromyalgia. The injured worker presented on 02/06/2015 for a followup evaluation with complaints of 8/10 pain. The injured worker reported bilateral shoulder pain, neck pain, and low back pain. The current medication regimen includes Nexium 40 mg, baclofen 20 mg, Actiq 800 mg, Celebrex 200 mg, compazine 10 mg, Cymbalta 60 mg, Klonopin 2 mg, Salagen 5 mg, trazodone 100 mg, Vistaril 50 mg, and Zyprexa 20 mg. There was no comprehensive physical examination provided on the requesting date. The provider issued a refill of the current medication regimen and instructed the injured worker to followup in 2 weeks. 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:

Nexium 40mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk factors, Proton Pump Inhibitors (PPIs).

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

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity has not been established. There is also no frequency listed in the request. Therefore, the request is not medically necessary.

Klonopin 2mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is risk of dependence. The injured worker does not maintain a diagnosis of anxiety disorder. Additionally, the injured worker has utilized the above medication since 08/2014. Guidelines do not support long term use of this medication. Additionally, there is no frequency listed in the request. As such, the request is not medically necessary.

Actiq 800mcg #120 with 0 refills: Upheld

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

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

Decision rationale: California MTUS Guidelines do not recommend Actiq for musculoskeletal pain. Actiq is not for use in chronic pain and has a black box warning for abuse potential. It is only indicated for the management of breakthrough cancer pain in patients with malignancy who are already receiving and who are tolerant to opioid therapy for underlying persistent cancer pain. The injured worker does not meet criteria as outlined by the California MTUS Guidelines. In addition, the injured worker has utilized the above medication since 08/2014 without evidence of objective functional improvement. There is no frequency listed in the request. AS such, the request is not medically necessary.

Duragesic 50mcg #15 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal system Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

Decision rationale: California MTUS Guidelines do not recommend Duragesic fentanyl transdermal system as a first line therapy. It has been FDA approved for the management of chronic pain in patients who require continuous opioid analgesic for pain that cannot be managed by other means. The injured worker has utilized the above medication since 08/2014 without any evidence of objective functional improvement. There was also no documentation of a failure of first line treatment prior to the initiation of Duragesic transdermal system. Given the above, the request is not medically necessary.

Zyprexa 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph (updated 1/15/12).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Olanzapine (Zyprexa).

Decision rationale: The Official Disability Guidelines state Zyprexa is not recommended as a first line treatment. It is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder. The injured worker does not maintain either of the above mentioned diagnoses. There was no comprehensive psychological examination provided for review. There is also no frequency listed in the request. As such, the request is not medically necessary.

Celebrex 200mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is sued for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker does not maintain any of the above mentioned diagnoses. In addition, the injured worker has utilized the above medication since 08/2014.

Guidelines do not support long term use of NSAIDs. There is also no frequency listed in the request. As such, the request is not medically necessary.

Vistaril 50mg #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medicinenet.com/hydroxyzine/article.htm.

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, Anxiety medications in chronic pain.

Decision rationale: The Official Disability Guidelines state Atarax may be useful in treatment of anxiety secondary to chronic pain disorder. The injured worker has continuously utilized the above medication since 08/2014. There was no mention of functional improvement. It is noted that the injured worker currently utilizes the above medication for treatment of nausea. However, the Official Disability Guidelines do not recommend Vistaril for treatment of nausea. In addition, there is no frequency listed in the request. Therefore, the request is not medically necessary.

Compazine 10mg #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http//dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=b05bc20e-cd19-ab40-lad0-84a115d6d69e.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Updated: 02 May 2015.

Decision rationale: According to the U.S. National Library of Medicine, compazine is used to control severe nausea and vomiting. It is also used to treat symptoms of schizophrenia. In this case, there is no documentation of severe nausea or vomiting. The injured worker does not maintain a diagnosis of schizophrenia. The medical necessity for the requested medication has not been established in this case. There is also no frequency listed in the request. Therefore, the request is not medically necessary.

Salagen 5mg #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/mtm/pilocarpine.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Updated: 02 May 2015.

Decision rationale: According to the U.S. National Library of Medicine, Salagen is used to treat dry mouth caused by radiotherapy in patients with head and neck cancer and to treat dry mouth in patients with Sjogren's syndrome. In this case, there is no documentation of excessive dry mouth. The clinical pathology significant with this symptom is not described. There is insufficient information to support the use of this medication for this injured worker. There is also no frequency listed in the request. Therefore, the request is not medically necessary.

Trazadone 100mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone (Desyrel).

Decision rationale: The Official Disability Guidelines recommend trazodone for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The injured worker does not maintain a diagnosis of insomnia disorder, depression, or anxiety. In addition, the injured worker has utilized the above medication since 08/2014 without mention of functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically necessary at this time.

Tizanidine 4mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker has continuously utilized the above medication since 08/2014. Guidelines do not support long term use of this medication. There was also no comprehensive physical examination provided for this review. In addition, there is no frequency listed in the request. As such, the request is not medically necessary at this time.