

Case Number:	CM15-0063749		
Date Assigned:	04/09/2015	Date of Injury:	03/28/2005
Decision Date:	05/26/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/03/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 47-year-old male who sustained an industrial injury on March 28, 2005. The injured worker was diagnosed with chronic pain syndrome, nociceptive tenderness, severe multilevel cervical spondylosis with stenosis, multilevel lumbar spondylosis, and major depressive disorder with psychotic features, gastritis, urinary voiding abnormality, erectile dysfunction, obstructive sleep apnea and insomnia. Treatment to date includes diagnostic testing, multiple medical consultations and evaluations, pulse stimulation treatment (P-STIM) for headaches, Interferential Stimulation (IF) and medications. According to the primary treating physician's progress report on January 27, 2015, the injured worker continues to experience painful and limited cervical and lumbar range of motion. Objectively there was psychomotor slowing, affect was depressed and he continues to have auditory hallucinations. Current medications are listed as Prozac, Omeprazole, Flexeril, Norco, Ambien and Latuda. Treatment plan includes continuing care with urologist, psychiatric referral for management of psychotropic drugs, referral for psychologist for cognitive therapy, Interferential Stimulation (IF) replacement, pulse stimulation treatment (P-STIM) treatments and prescribed medications. The current request is for medication refills of Flexeril, Ambien, Latuda and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg quantity 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, Pain (chronic).

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

Decision rationale: Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory more than opioid analgesics, and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There is documentation that previous treatment with Ambien was unsuccessful. There is no documentation provided indicating medical necessity for Ambien. The requested medication is not medically necessary.

Norco 10mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

Decision rationale: According to MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Flexeril 10mg quantity 30: Upheld

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

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

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, there is no evidence of muscle spasms on exam. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Latuda 40mg quantity 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-Mental Illness and Stress- Atypical Antipsychotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Latuda (Lurasidone) is an atypical anti-psychotic. It has been approved for the treatment of depressive episodes associated with bipolar I disorder in adults when used alone or in combination with Lithium or Valproate. The documentation indicates the patient has depression treated with Prozac. There is no indication for the treatment of depression with the combination of Prozac and Latuda. Medical necessity for the requested item is not established. the requested item is not medically necessary.