

Case Number:	CM15-0073068		
Date Assigned:	04/23/2015	Date of Injury:	11/08/1985
Decision Date:	07/23/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/16/2015

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: Emergency 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 who sustained a work related injury November 6, 1985. According to a primary treating physician's progress report, dated March 31, 2015, the injured worker presented with lumbar spine pain rated 5/10 with medication and 9/10 without medication. She has a slow, stooped gait and is assisted by a cane. Medications are allowing for self-care and sitting assistance. Diagnoses included post-lumbar laminectomy syndrome; spinal/lumbar degenerative disc disease; lumbar radiculopathy; chronic back pain; hip bursitis. Treatment plan included discussion of opioids; storage and options for weaning, and request for authorization for Cymbalta 60mg capsule, Lidoderm patch, Carisoprodol, Oxycontin, Norco, Lyrica, Lunesta, Celebrex 100mg capsule, and Omeprazole DR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor (SNRI) antidepressant that is FDA approved for treatment of depression, generalized anxiety disorder, and pain related to diabetic neuropathy. The MTUS states that duloxetine is recommended as a first-line option in neuropathic pain. It has been found to be effective for treating fibromyalgia in women with and without depression. It should not be used in patients with substantial alcohol use and those with chronic liver disease. The IW does not have a diagnosis of neuropathic pain or fibromyalgia. The request does not include dosage and frequency. The request for Cymbalta is not medically necessary.

Lidoderm 5% patch #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112, 56 and 57.

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

Decision rationale: CA MTUS is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as a tricyclic, serotonin-norepinephrine reuptake inhibitor, or gabapentin. This medication is "not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." Ongoing use of this medication requires improvement in pain or function. The IW has been using this treatment for greater the year. Documentation reports increased pain and no decrease in use of other treatments. Based on lack of improvement with this medication, the request for lidoderm patches is not medically necessary.

Carisoprodol 350mg QTY 56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64 and 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to CAMTUS, Carisoprodol (Soma) is not recommended. Additionally, it is not recommended for long-term use. Medical records support the IW has been taking this medication for a minimum of 3 months. Additionally, the request does not include dosing or frequency. As this medication is not supported by guidelines, the request for Soma is determined not medically necessary.

Oxycontin 80mg #224: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91, 92, 78-80 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-81.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. The recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above documentation. The IW has been taking this medication for several years, but the effects of these medications are not noted in the chart. The chart documents inconsistent toxicology screens, but adjustments to prescriptions are not identified in the materials. The request does not include dosing frequency or duration. The request for Oxycontin is not medically necessary.

Norco 10/325 QTY 84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-81.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. The recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above documentation. The IW has been taking this medication for several years, but the effects of these medications are not noted in the chart. The chart documents inconsistent toxicology screens, but adjustments to prescriptions are not identified in the materials. The request does not include dosing frequency or duration. The request for Norco is not medically necessary.

Lyrica 150mg #84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 19 and 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Anti-epilepsy drugs Page(s): 99, 16-21.

Decision rationale: Per the MTUS, pregabalin is recommended for neuropathic pain, specifically neuropathic pain resulting from diabetes or post-herpetic conditions. The medication has also been approved for fibromyalgia. There is no good evidence in this case for neuropathic pain or any of the aforementioned conditions. There are no physician reports, which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" Response per the MTUS. None of the reports shows any specific benefit, and all the reports state that pain severely affects all activities. The IW does not have a diagnosis of fibromyalgia. The request does not include dosing or frequency. Pregabalin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.

Lunesta 3mg #25: 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 4/6/15), 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) Mental Health - Eszopicolone.

Decision rationale: CA MTUS is silent on this topic. ODG guidelines do not recommend this medication for long-term use. It is recommended these medications are limited "to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use." The IW has been on this medication for several months. The request does not include dosing and frequency. The request for Lunesta is not supported by the guidelines and is not medically necessary.

Celebrex 100mg #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68 and 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 60, 70.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. The IW has been on this medication for a minimum of 6 months. There are no reports to support any specific functional benefit. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Celecoxib has an elevated cardiovascular risk profile. The treating physician has not provided the specific indications for this NSAID over those with a better cardiovascular profile. The request does not

include dosing or frequency. Celebrex is not medically necessary based on the lack of sufficient and specific functional and symptomatic benefit.

Omeprazole DR 20mg #28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risk Page(s): 68 and 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history of gastrointestinal bleeding or peptic ulcers, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. The request does not include dosing or frequency. Omeprazole is not medically necessary based on the CA MTUS guidelines.