

Case Number:	CM15-0095035		
Date Assigned:	05/21/2015	Date of Injury:	05/26/2004
Decision Date:	08/19/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/18/2015

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: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 53 year old female, who sustained an industrial injury on 05/26/2004. The injured worker is currently unable to work. The injured worker is currently diagnosed as having status post left rib resection and scalenectomy, cervical facet syndrome, vertigo, and gastroesophageal reflux disease from medications. Treatment and diagnostics to date has included pool therapy, physical therapy in which the injured worker's pain was unresponsive, radiofrequency ablation with excellent response, medial branch neurotomies which lasted eight to ten months, massage therapy, consistent urine drug screens, and medications. In a progress note dated 04/23/2015, the injured worker presented with complaints of upper extremity pain, neck pain, and vertigo. Objective findings include forward flexion of neck caused vertigo. The treating physician reported requesting authorization for massage therapy, Limbrel, Celebrex, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy x 8 visits: 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 Massage Therapy Page(s): 60.

Decision rationale: MTUS 2009 recommends up to 6 sessions of massage therapy but notes no long term improvement from massage. The patient received massage therapy in the past but continues to be symptomatic with significant physical findings described. The past therapy has not reduced symptomatic complaints or physical findings. The response described appears consistent with what is described in MTUS 2009. Based upon the lack of improvement from past massage therapy, this request for additional massage therapy is not medically necessary.

Limbrel 500mg 1 twice a day #60 Refill 2: 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 NSAIDS Page(s): 67.

Decision rationale: MTUS 2009 states that NSAIDs should be prescribed at the lowest dose possible and for the shortest duration possible. The patient has already received Limbrel for a long period of time without any noticeable reduction in reported symptoms or functional improvement. Based upon the lack of benefit from continued use and the lack of support from evidence based guidelines, the ongoing use of Limbrel is not medically necessary.

Celebrex 200mg 1 a day #30 Refill 2: 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 NSAIDS Page(s): 67.

Decision rationale: MTUS 2009 states that NSAIDS should be used at the lowest dose possible for the shortest duration possible. The patient has received Celebrex in the past for a long period time without any noticeable reduction in symptoms. Based upon the lack of benefit from past use and the lack of support from evidence based guidelines, this request for Celebrex is not medically necessary.

Protonix x 20mg #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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: MTUS 2009 states that proton pump inhibitors are an option to use along with NSAIDs for individuals with an intermediate risk of gastrointestinal events. Omeprazole is also used to treat gastroesophageal reflux disease. The patient is not diagnosed with gastroesophageal reflux disease. MTUS 2009 criteria are not met for the use of omeprazole and the patient has not been diagnosed with gastroesophageal reflux disease. This request for Omeprazole is not medically necessary.

Lyrica 75mg by mouth twice per day #60 refill 2: 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 Pregabalin (Lyrica, no generic available) Page(s): 19-20.

Decision rationale: MTUS 2009 states that pregabalin (Lyrica) is indicated for painful peripheral neuropathies such as post-herpetic neuralgia or diabetic neuropathy. It is also designated a Schedule V drug since it causes euphoria. It also has received an indication for fibromyalgia. The patient is not diagnosed with fibromyalgia or PHN. She is also not diagnosed with diabetic neuropathy. The patient does not meet primary indications for Lyrica and its past use has not produced any marked improvement in pain limited function. Therefore, Lyrica is not medically necessary in this situation.

Skelaxin 800mg 1/2-1 by mouth every 8 hours #60 refill 2: 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 Metaxalone (Skelaxin) Page(s): 61.

Decision rationale: MTUS 2009 cautiously recommends metaxolone as a second line option for short term relief of chronic pain patients. Sustained use is not supported by MTUS 2009. The patient continues to be significantly symptomatic with past use of metaxolone. Therefore, metaxolone is not medically necessary.

Cymbalta 30mg 1 1/2 daily #45 refill 2: Overturned

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 Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 15-6.

Decision rationale: MTUS 2009 states that Cymbalta is approved to treat depression and anxiety as well as neuropathy. There is concomitant anxiety and depression associated with experiencing chronic pain. The patient is prescribed multiple centrally acting agents that may promote depression and fatigue which have been titrated. Therefore, the efficacy of Cymbalta may be more demonstrable when the other medications have been completely discontinued and not counteract the effects of the Cymbalta. Past ineffectiveness of Cymbalta is noted but the mix of medications is also noted which may have interfered with the efficacy of Cymbalta. Therefore, Cymbalta is medically necessary at this time. If Cymbalta does not demonstrate any benefit without the presence of other counteracting medications, then its use can be reconsidered. However, Cymbalta should be given a chance to see if it can improve the anxiety and depression associated with chronic pain.