

Case Number:	CM14-0140500		
Date Assigned:	09/10/2014	Date of Injury:	03/08/2011
Decision Date:	09/21/2015	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/29/2014

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

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 (IW) is a 33-year-old female who sustained an industrial injury on 03-08-2011. Diagnoses include insomnia, diabetes type II and anxiety. Treatment to date has included medications, bracing, carpal tunnel release and de Quervain's release, psychotherapy and physical therapy. According to the PR2 dated 7-2-2015, the IW reported she was taking her meds as directed and there were no new complaints. On examination, she was alert and oriented, her blood pressure was 127 over 75, pulse was 109 and weight was 257 pounds. A request was made for Salon Pas patches, #60; Celexa 40mg, #30; Ativan 1mg, # 60; and Metformin 500mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1MG BID #60: Upheld

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

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long-term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, the medication is being used for anxiety and is not supported for long term use, therefore, the request for Ativan 1MG BID #60 is determined to not be medically necessary.

Celexa 40MG Q D #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Section Page(s): 13-16.

Decision rationale: Celexa is an SSRI antidepressant. The MTUS Guidelines recommended the use of antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects should be assessed, including excessive sedation (especially that which would affect work performance). SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Additionally, there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. Celexa may be indicated in the treatment of depression caused by associated pain but is not indicated as a treatment for chronic pain without associated depression. In this case, there is no indication that the injured worker suffers from depression caused by chronic pain. The request for Celexa 40MG Q D #30 is determined to not be medically necessary.

Salon Pas Patches PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Section, Topical Analgesics Section Page(s): 18, 111-113. Decision based on Non-MTUS Citation Salonpas.us.

Decision rationale: Per manufacturers information, Salonpas contains the active ingredients camphor, menthol, methyl salicylate, lidocaine, and in some cases, capsaicin. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. Menthol is not addressed by the MTUS Guidelines, but it is often

included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Camphor is not addressed by the MTUS Guidelines or the ODG, but it often included in formulations of anesthetic agents. It is used topically to relieve pain and reduce itching. It is used topically to increase local blood flow and as a "counterirritant" which reduces pain and swelling by causing irritation. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. In this case, there is no indication that the injured worker has failed with first-line agents such as antidepressants or anticonvulsants. Therefore, the request for Salon Pas patches PRN, #60 is determined to not be medically necessary.

METFORMIN 500MG BID #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Metformin (Glucophage).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter/Metformin (Glucophage) Section.

Decision rationale: MTUS guidelines do not address the use of Metformin for the treatment of diabetes. Per the ODG, Metformin is recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. As a result of its safety and efficacy, metformin should also be the cornerstone of dual therapy for most patients. Metformin is effective in decreasing both fasting and postprandial glucose concentrations. In this case, the available documentation provides a documentation of type II Diabetes in the injured worker. Per the documentation the injured worker has been treated with this medication since early 2014. Continued treatment seems appropriate. The request for Metformin 500MG BID #60 is determined to be medically necessary.