

Case Number:	CM13-0016530		
Date Assigned:	12/27/2013	Date of Injury:	02/14/2007
Decision Date:	05/28/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee of [REDACTED] and has submitted a claim for major depression, forearm pain, left radial head fracture, and reflex sympathetic dystrophy syndrome associated with an industrial injury date of 02/14/2007. Treatment to date has included use of H-wave unit, cognitive behavioral therapy, physical therapy, and medications such as Lyrica, Lidocaine ointment, Topamax, Elavil, Celebrex, and Protonix. Medical records from 2012 to 2013 were reviewed showing that patient complained of persistent left upper extremity pain aggravated by activity. Intake of medications relieved symptoms and improved his function. Patient used a cane for balance and ambulation. He likewise continued to report depressive symptoms. Physical examination showed swelling and tenderness at the left wrist. Range of motion of left elbow was decreased towards extension at 30 degrees. He only had 20 degrees of abduction and flexion at the left shoulder. There was pain at the left wrist upon flexion, extension, ulnar deviation and radial deviation of 10 degrees. He was not able to fully bring the fingers down to the palm or fully extend them. He resisted abduction and adduction motions of the fingers. Final Determination Letter for IMR Case Number CM13-0016530 3 Utilization review from 08/16/2013 denied the prospective requests for pantoprazole 20mg, #60 because prophylactic use is not recommended; amitriptyline HCl 25mg, #90 because this is not indicated for neuropathic pain and as an option for fibromyalgia; Celebrex 200mg, #60 with 2 refills due to lack of evidence that it provided positive functional response; and lidocaine 5%, #60 with 3 refills due to lack of objective findings of neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF AMITRIPTYLINE HCL 25 MG #90 BETWEEN 8/13/13 AND 10/14/13:: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-DEPRESSANTS (FOR PAIN), Page(s): 13 and 15.

Decision rationale: As stated on page 13 of the California MTUS Chronic Pain Medical Treatment Guidelines, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Page 15 indicates that tricyclic antidepressants are generally considered as a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. 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. In this case, the employee has been prescribed with amitriptyline since December 2012 for left upper extremity pain. However, there are no available progress reports from September 2013 and beyond that document the clinical and functional outcomes derived from the use of this medication, i.e., pain reduction in terms of pain scale and specific activities of daily living. Therefore, the request for prescription of amitriptyline HCl 25mg, #90 between 8/13/13 and 10/14/13 is not medically necessary.

ONE (1) PRESCRIPTION OF CELEBREX 200 MG #60 BETWEEN 8/13/13 AND 11/13/13:: Upheld

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

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

Decision rationale: As stated on page 70 of the California MTUS Chronic Pain Medical Treatment Guidelines, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Uses for selective COX-2 NSAIDs are for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. In this case, the employee has been taking Celebrex since December 2012 which does not meet the guideline criteria for short-term usage. This has been prescribed for the neuropathic pain at left upper extremity. Furthermore, the employee has no gastrointestinal complaints that will favor the prescription of COX-2 inhibitors over non-selective NSAIDs. In addition, there are no available progress reports from September 2013 and beyond that document the clinical and functional outcomes derived from the use of this medication. Therefore, the request for prescription of Celebrex 200mg, #60 between 8/13/13 and 11/13/13 is not medically necessary.

ONE (1) PRESCRIPTION OF PANTOPRAZOLE 20 MG #60 BETWEEN 8/13/13 AND 10/14/13:: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SECTION PAIN (CHRONIC).

Decision rationale: As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both gastrointestinal (GI) and cardiovascular risk factors: age greater than 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA (aspirin), corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients at intermediate risk for GI events and no cardiovascular disease should be given a non-selective NSAID with either a proton pump inhibitor (PPI) or misoprostol; or, prescribe a COX-2 selective agent. In this case, employee has no aforementioned risk factors. There are no subjective complaints and objective findings pertaining to the gastrointestinal system that will corroborate the use of this drug. Furthermore, the employee is being prescribed with Celebrex, a COX-2 selective agent which can be prescribed without a PPI even for patients who are at intermediate risk. The medical necessity for this medication has not been established. Therefore, the request for prescription of pantoprazole 20mg, #60 between 8/13/13 and 10/14/13 is not medically necessary.

ONE (1) PRESCRIPTION OF LIDOCAINE 5% #60 WITH 3 REFILLS BETWEEN 8/13/13 AND 12/13/13:: Upheld

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

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

Decision rationale: As stated on pages 56-57 of Chronic Pain Medical Treatment Guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This 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. In this case, the employee has been prescribed with lidocaine patch since December 2012 for his neuropathic pain at left upper extremity. He has been using this medication simultaneously with amitriptyline and pregabalin. However, there are no available progress reports from September 2013 and beyond that document the clinical and functional outcomes derived from the use of this medication, i.e., pain reduction in terms of pain scale and specific activities of daily living. Furthermore, a progress report written on 8/13/13 cited that the employee preferred the lidocaine ointment compared to lidocaine patches for pain relief. The present request does not specify if lidocaine 5% is in

ointment or patch formulation. Therefore, the request for prescription of lidocaine 5%, #60 with 3 refills between 8/13/13 and 12/13/13 is not medically necessary.