MAXIMUS Federal Services

Case Number:	CM13-0029033		
Date Assigned:	06/06/2014	Date of Injury:	12/17/2002
Decision Date:	08/05/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/24/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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/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 injured worker is a 72-year-old female who reported an injury on December 17, 2002. The mechanism of injury was a fall. The diagnoses included elbow pain, myalgia and myositis. The prior treatments included acupuncture and physical therapy. The injured worker's medication history as of November 14, 2013 included Wellbutrin XL, Lidoderm patches, aspirin 81mg, BuSpar 10mg, Colace 100mg, Effexor XR 150mg and trazodone hydrochloride 50mg. The injured worker was noted to be taking Norco in January 2014. The most recent documentation, dated May 15, 2014, revealed that the injured worker had complaints of neck pain, low back pain and bilateral elbow and left knee pain. The injured worker had no new side effects with medications. The pain with medications was a 7/10. The quality of sleep was fair. The injured worker indicated that her activity level increased, and she was taking her medications as prescribed. The injured worker indicated that the Lidoderm patches were working very well for low back pain and that she planned to increase her activity. The treatment plan included to continue the current pain regimen to allow the injured worker to decrease her pain and allow her to maintain her activities of daily living. Function and activities of daily living improved optimally on the current doses of medications. The documentation indicated that the injured worker was utilizing Norco 10/325 mg twice a day to help her with her upper extremity pain and to allow the use of her limbs. The injured worker was using Lidoderm to help with neuropathic pain in her elbow, forearm and wrist, and it was noted that the injured worker had not tolerated oral neuropathic medications due to cognitive side effects. The injured worker was utilizing trazodone as a sleep initiation agent. The injured worker had severe sleep insomnia due to pain that occurred in the upper limbs, affected by positioning when she slept. When the injured worker had not taken the medication, she had severe insomnia, resulting in poor daytime activity tolerance and alertness. The injured worker was utilizing Effexor as a mood stabilizer for issues

of depression that occurred from poor activity tolerance and for help with neuropathic pain. It was indicated that the injured worker was using Wellbutrin as an adjunct to help with mood issues and depression. Additionally, it was noted to have been helpful with allowing activity tolerance due to some increased alertness benefit. The injured worker was taking BuSpar as a weak anxiolytic to help with underlying issues of depression and anxiety that had occurred due to the work injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg, #60 (with 5 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation websites Drugs.com and MedScape.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend that when initiating opioid therapy, there should be prophylactic treatment of constipation that should be initiated. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for an extended duration. However, the efficacy was not documented and there was a lack of documentation indicating a necessity for five refills without re-evaluation. Given the above, the request is not medically necessary.

Trazodone HCL 50mg, #60 (with 5 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first-line medication for the treatment of neuropathic pain, and they are recommended especially if the pain is accompanied by insomnia, anxiety or depression. There should be documentation of an objective decrease in pain and objective functional improvement, to include an assessment of the changes in the use of other analgesic medications, sleep quality, duration and psychological assessments. The clinical documentation indicated that the injured worker was utilizing trazodone as a sleep initiation agent. The injured worker had severe insomnia due to pain occurring in the upper limbs, affected by positioning when she sleeps. When the injured worker has not taken the medication, the injured worker had severe insomnia, resulting in poor daytime activity tolerance and alertness. However, there was a lack of documentation of objective functional improvement with usage and the duration of sleep. The duration of use was greater than 6 months. The clinical documentation failed to indicate a necessity for five refills without re-evaluation. Given the above, the request is not medically necessary.

Wellbutrin XL 300mg, #30 (with 5 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTs Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first-line medication for the treatment of neuropathic pain, and they are recommended especially if the pain is accompanied by insomnia, anxiety or depression. There should be documentation of an objective decrease in pain and objective functional improvement, to include an assessment of the changes in the use of other analgesic medications, sleep quality, duration and psychological assessments. The clinical documentation submitted for review indicated that the injured worker had utilized the medication for greater than 6 months. The documentation indicated that the Wellbutrin was used as an adjuvant to help with mood issues of depression. The clinical documentation submitted for review, however, failed to indicate objective functional improvement with the medication and effectiveness of the medication. There was a lack of documentation indicating a necessity for five refills without re-evaluation. Given the above, the request is not medically necessary.

Effexor XR 150mg, #30 (with 5 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRICYCLIC ANTIDEPRESSANT Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first-line medication for the treatment of neuropathic pain, and they are recommended especially if the pain is accompanied by insomnia, anxiety or depression. There should be documentation of an objective decrease in pain and objective functional improvement, to include an assessment of the changes in the use of other analgesic medications, sleep quality, duration and psychological assessments. The clinical documentation submitted for review indicated that the injured worker had utilized the medication for greater than 6 months. The physician's documentation indicated that Effexor XR was being utilized as a mood stabilizer for issues of depression that had occurred from poor activity tolerance and for help with neuropathic pain. However, there was a lack of documentation of efficacy and an objective decrease in pain. There was a lack of documentation indicating a necessity for five refills without re-evaluation. The duration of use had been greater than 6 months. Given the above, the request is not medically necessary.

Lidoderm Patches 5%, #60 (with 5 refills): Upheld

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

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

Decision rationale: California MTUS Guidelines indicate that topical lidocaine (Lidoderm) 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. The clinical documentation submitted for review indicated that the injured worker did not tolerate oral first-line therapies. However, the medication is not approved for chronic neuropathic pain. There was a lack of documentation of exceptional factors to warrant nonadherence to the guideline recommendations. There was a lack of documented objective pain relief. The clinical documentation indicated that the injured worker had been utilizing the medication for greater than 6 months. There was a lack of documentation indicating a necessity for five refills without re-evaluation. Given the above, the request is not medically necessary.

Aspirin 81mg, #30 (with 5 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short-term, symptomatic relief of pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than 6 months. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating a necessity for five refills without re-evaluation. Given the above, the request is not medically necessary.

Buspar 10mg, #30 (with 5 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anxiety medications in chronic pain.

Decision rationale: The Official Disability Guidelines recommend antianxiety medications as an important part of chronic pain treatment, including the treatment for DSM IV diagnoses, including generalized anxiety disorders, panic disorder, post-traumatic stress disorder, social anxiety disorder and obsessive-compulsive disorder. The clinical documentation submitted for review failed to indicate that the injured worker had the above conditions. The clinical documentation indicated that the injured worker had been utilizing the medication for greater than 6 months. Additionally, it indicated that the medication was being utilized for underlying issues of depression and anxiety that had occurred due to the injured worker's work injury. There was a lack of documented efficacy. There was a lack of documentation indicating the necessity for five refills without re-evaluation. Given the above, the request is not medically necessary.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (ONGOING MANAGEMENT) Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain,ongoing management Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication since January 2014. There was a lack of documentation of objective functional improvement, an objective decrease in pain and documentation that the injured worker was being monitored for aberrant drug behaviors and side effects. Given the above, the request is not medically necessary.y.