

Case Number:	CM13-0045453		
Date Assigned:	12/27/2013	Date of Injury:	07/15/1998
Decision Date:	04/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 Family Practice 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 patient is a 40 year female with a date on injury on 7/15/1998. Her diagnosis consists of myofascial pain syndrome, TOS, and CRPS/RSD. The patient underwent surgeries on her right piriformis and developed CRPS. She underwent SCS in 2002 with removal in 2005. She developed a post-dural puncture head ache when the SCS was implanted. She also has GERD, heartburn, and acid reflux. She also has constipation from narcotics and underactive thyroid gland. An AME report dated 7/13/13 noted that she needs medications for her headaches and an upper endoscopy for GI issues. [REDACTED] has been treating her with medications and interventional pain management procedures. He saw her on 9/4/13 at which time it was noted that she has signs and symptoms of severe chronic pain syndromes syndrome complicated by history of piriformis syndrome, CRPS lower extremities, and severe bilateral TOS. Her TOS is increasing in severity. She can no longer tolerate the left sided neck pain, fullness, and associated tinnitus. The pain is not controlled with medications and she is "miserable". Examination revealed severe left scalene tenderness, positive left scalene tenderness, positive left scalene brachial plexus Tinel's sign, and positive costoclavicular abduction test. She also has persistent bilateral piriformis tenderness. She is diagnosed with piriformis syndrome, CRPS of the lower extremity, major depression, bilateral TOS with vascular headaches, fibromyalgia, and gastritis. [REDACTED] notes that medications are no longer effective and she is a candidate now for neurosurgical consultation for scalenectomy as she has failed response to conservative treatment and medications. Treatment plan is for Cymbalta 60 mg PO BID, MS Contin 60 mg PO BID, Topamax 50 mg BID, Lidoderm patches, Senna for constipation, Prilosec for gastritis, gabapentin 300 mg PO TID, and a neurosurgical consultation for scalene compression of the left with intractable symptoms of TOS. Utilization review was first performed on 9/10/13 at which time medications and neurosurgical consultation was not certified. Another peer review was

performed on 10/25/13 at which time the prior peer reviewer's decisions were upheld. It was noted that Lidoderm patches, Topamax, Cymbalta, MS Contin, and gabapentin were no longer effective and pain was not controlled by medication. Senna for constipation was non-certified as opioids were not certified. The patient did not meet the criteria for Prilosec. The request for consultation was noncertified and there was no documentation to identify a known lesion that can be affected by surgery and Final Determination Letter for IMR Case Number CM13-0045453 4 documentation did not support the presence of at least 3 months of home exercise therapy directed by physical therapy. Additionally, the reviewer noted that there was no numbness or paresthesia in the ulnar distribution and there was no electrodiagnostic evidence that would warrant surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Cymbalta 60mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Duloxetine (Cymbalta) Page(s): 13-15 33-34.

Decision rationale: Cymbalta is medically necessary. This medication is an SNRI antidepressant and is considered a first line adjuvant for chronic and neuropathic pain per the above Guidelines. While the patient is pending further evaluation to determine her candidacy for surgical intervention for her TOS, this medication would be supported in the treatment of her depression, chronic and neuropathic pain per the above Guidelines.

1 Prescription of MS Contin 60mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use, Opioid dosing, Opioids for chronic pain, Opioids tolerance and addicti.

Decision rationale: The request for MS Contin 60 mg BID is medically necessary. The guidelines do not recommend long term opioid use for chronic non-malignant pain. However, the CA MTUS guidelines also specifically state that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. References further state it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. In addition, the patient is currently at MED 120 which is the ceiling of the recommended MED by CA MTUS. However, the patient has been on opioids for a prolonged period of time, and cannot be abruptly discontinued. As such, while weaning would be Final Determination Letter for IMR Case Number CM13-0045453 5

supported, this medication would be supported and medically necessary as sudden discontinuation is not recommended.

1 Prescription of Topamax 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Page(s): 16-21.

Decision rationale: Topamax is not medically necessary. Topamax is an AED which may be utilized for neuropathic pain. The CA MTUS guidelines state that a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. In this case, a good response has not been achieved as the patient is continuing to complain of symptoms that are increasing in severity. As such, this medication is not medically necessary.

Unknown prescription of Lidoderm patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidoderm patch. Page(s): 110-111 56.

Decision rationale: Lidoderm patches are not medically necessary. According to the CA MTUS guidelines, Lidocaine for neuropathic pain is 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. The medical records indicate that medications are not effective and the patient's symptoms are increasing in intensity. As such, maintaining the patient on a medication that is no beneficial would not be medically necessary.

Unknown prescription of Senna: 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 do not address laxatives. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/drug-76165-Laxative-Senna>.

Decision rationale: The request for Senna is medically necessary. The patient has been on chronic use of opioids and has constipation. This medication is supported to address constipation caused by the opioids and her underactive thyroid.

Unknown prescription of Prilosec: Overturned

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

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

Decision rationale: Prilosec is medically necessary. The patient has been diagnosed with gastritis and is pending further workup as per the recommendations of the AME. This medication is a PPI that would be supported to address the patient's Gastrointestinal (GI) complaints and symptoms.

1 Prescription of Gabapentin 300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: The request of Gabapentin is not medically necessary. The CA MTUS guidelines state that a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. In this case, a good response has not been achieved as the patient is continuing to complain of symptoms that are increasing in severity. As such, this medication is not medically necessary.

1 Consultation with neurosurgeon for left scalene decompression: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 2011. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Surgery of TOS

Decision rationale: The request for consultation with neurosurgeon for left scalene decompression is medically necessary. The patient has been diagnosed with TOS and she is continuing to regress and have increased pain despite conservative care. At this time, given the severity of the complaints, a surgical consultation would be supported to determine her candidacy for further treatment options.

