

Case Number:	CM13-0059855		
Date Assigned:	01/03/2014	Date of Injury:	03/21/2000
Decision Date:	04/03/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational Medicine, 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 a 60-year-old with date of injury 3/21/2000. According to the progress note dated 11/5/2013, the patient complained of neck pain with radiation down the right arm, and right shoulder pain. The pain level decreased since last visit. No new problems or side effects were noted. Quality of sleep was poor. Since the last visit, quality of life remained unchanged. Activity level had increased. The patient noted anxiety and depression in dealing with the pain. Review of systems was positive for muscle wasting, muscle weakness, and back pain. On exam the patient appeared calm and in mild pain. There were no signs of intoxication or withdrawal. The patient ambulated without a device. Gait was normal. Cervical spine examination revealed a surgical scar. Range of motion was restricted with pain in all directions. On examination of paravertebral muscles, spasm, tenderness, and tight muscle band were noted bilaterally. There was tenderness at the rhomboids and trapezius. Spurling's maneuver caused pain in the muscles of the neck but no radicular symptoms. Lumbar spine examination revealed that range of motion was restricted with pain. Shoulder examination revealed negative Hawkins test bilaterally. Neer test was negative. Motor testing was limited by pain. The patient moved all the extremities well. Light touch sensation was decreased over thumb on the right side. Bilateral lower extremity swelling, non-pitting, non-erythematous was noted. Diagnoses included: 1) shoulder pain 2) disc disorder, cervical 3) post laminectomy syndrome 4) carpal tunnel syndrome 5) spasm of muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 75 mcg/hr patches, 15 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80,81,93.

Decision rationale: The records show that the patient has been on stable medication regimen for over 6 months with reported optimized function improvement and pain control. According to the Chronic Pain Medical Treatment Guidelines, the patient is in a maintenance phase of chronic opioid pain management. Although there are precautions in such management by these guidelines, the provider does have a written pain agreement with the patient. The request for Duragesic 75 mcg/hr patches, 15 count, is medically necessary and appropriate.

Lorcet 10/650 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: The records show that the patient has been on stable medication regimen for over 6 months with reported optimized function improvement and pain control. According to the Chronic Pain Medical Treatment Guidelines, the patient is in a maintenance phase of chronic opioid pain management. Although there are precautions in such management by these guidelines, the provider does have a written pain agreement with the patient. The request for Lorcet 10/650 mg is medically necessary and appropriate.

Effexor XR 150 mg, 60 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13,123.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Effexor is "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The initial dose is generally 37.5 to 75 mg/day with a usual increase to a dose of 75 mg b.i.d or 150 mg/day of the ER formula. The maximum dose of the immediate release formulation is 375 mg/day and of the ER formula is 225 mg/day. It may have an advantage over tricyclic antidepressants due to lack of anticholinergic side effects. Dosage requirements are necessary in patients with hepatic and renal impairment. (Namaka, 2004) See also

Antidepressants for chronic pain for general guidelines, as well as specific Venlafaxine listing for more information and references." The patient has been on her current medication regimen for at least 6 months with satisfactory improvement in her pain and function. She is noted to have been on Effexor 150 mg for at least 1 year. She has been evaluated by a psychologist who diagnosed her with major depression, severe, recurrent, nonpsychotic. The use of antidepressants in the management of chronic pain is supported by the guidelines quoted above to be useful in the management of pain itself, but also useful when chronic pain is accompanied with depression. The request for Effexor XR 150 mg, 60 count, is medically necessary and appropriate.

Methylphenidate 20 mg, 120 count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head section, Methylphenidate

Decision rationale: According to the ODG, methylphenidate is "Recommended. High quality clinical trial indicate that methylphenidate is likely to improve memory, attention, concentration, and mental processing following traumatic brain injury. (Alban, 2004) (Kaelin, 1996) Once clinical trial recommends that methylphenidate, at 0.3 mg/kg/dose, given twice a day to individuals with additional complaints after traumatic brain injury, seems to have clinically significant positive effects on speed of processing, caregiver ratings of attention, and some aspects of on-task behavior in naturalistic tasks. (Whyte, 2004) In conclusion, methylphenidate appears to be safe for the adult population with traumatic brain injury. However, because a few individuals experienced significant changes in vital signs and adverse effects, all patients should be monitored (Plenger, 1996) (Siddall, 2005)" The patient does not have a history of traumatic brain injury as a result of her industrial injury, and does not have a diagnosis of attention deficit disorder. There is no clinical evidence provided for review that supports the use of methylphenidate. The request for Methylphenidate 20 mg, 120 count, is not medically necessary or appropriate.