

Case Number:	CM14-0009896		
Date Assigned:	02/21/2014	Date of Injury:	05/27/2005
Decision Date:	07/14/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

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. The expert 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 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 63-year-old male who has filed a claim for reflex sympathetic dystrophy of the upper limbs associated with an industrial injury date of May 27, 2005. Review of progress notes indicates significant improvement of pain with cervical epidural steroid injection. The patient complains of neck pain radiating to both upper extremities, and nightly headaches. Patient feels that the pain is causing difficulty obtaining and sustaining an erection. Findings include mild tenderness over the posterior cervical musculature. There are no findings of complex regional pain syndrome of the upper extremities. Mention of a cervical MRI from February 2007 showed multilevel posterior disc protrusions with mild-moderate canal stenosis, multilevel uncovertebral and/or facet joint hypertrophic changes with neuroforaminal narrowing. Treatment to date has included NSAIDs, anti-depressants, Lyrica, Fioricet, cervical epidural steroid injection, surgery to the right arm, and right and left cervical sympathetic ganglion blocks. Utilization review from January 02, 2014 denied the requests for Fioricet #30. There is modified certification for Nortriptyline 50mg for #23 as this medication is not indicated for the treatment of insomnia, and thus weaning was initiated; and for lab tests of CBC and CMP. Reasons for denial of Fioricet was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF FIORICET, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

Decision rationale: Page 23 of CA MTUS Chronic Pain Medical Treatment Guidelines state that barbiturate-containing analgesics are not recommended for chronic pain, with high potential for drug dependence and no evidence to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. The limited documentation makes it unclear as to when the patient started using this medication. However, there is no documentation that this patient is currently experiencing acute episodes of pain. Therefore, the request for Fioricet #30 was not medically necessary.

1 PRESCRIPTION OF LYRICA 50 MG: 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), Pregabalin (Lyrica, no generic available) Page(s): 16-20.

Decision rationale: According to pages 16-20 of CA MTUS Chronic Pain Medical Treatment Guidelines, Pregabalin is recommended for neuropathic pain, and is a first-line drug for diabetic neuropathy, post-herpetic neuralgia, and fibromyalgia. This medication is a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti-anxiety effect. The limited documentation does not indicate when the patient started using this medication. Urine drug screen from November 2013 does not detect the presence of this prescribed medication. Therefore, the request for Lyrica 50mg is not medically necessary.

1 PRESCRIPTION OF NORTRIPTYLINE 50 MG, #30: Upheld

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 Page(s): 13-15.

Decision rationale: Pages 13-15 of CA MTUS Chronic Pain Medical Treatment Guidelines state that tricyclics are considered first-line agents for neuropathic pain, especially when accompanied by insomnia, anxiety, or depression. It is a possible option for non-neuropathic pain in depressed patients. Amitriptyline is also effective for fibromyalgia and CPRS. In this case, patient is already on Lyrica for neuropathic pain. The requesting physician indicates that this medication is being used to manage the patient's sleep difficulty and for headache prophylaxis. The limited documentation is unclear as to when the patient started using this medication, or of significant

benefits being derived from this medication. There is no documentation describing the patient's sleep difficulties, or of benefits derived from this medication. Therefore, the request for Nortriptyline 50mg #30 was not medically necessary.

1 CBC, CMP, AND TOTAL TESTOSTERONE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, the patient is complaining of difficulty obtaining and sustaining an erection and notes that use of Cialis has helped in the past. However, there is no documentation that the patient has been on chronic opioid therapy. Also, the patient has several contributing factors such as age, hypertension, and pain symptoms that could explain the decreased libido and erectile difficulty. There is currently no indication for monitoring testosterone levels. Therefore, the request for CBC, CMP, and total testosterone was not medically necessary.