

Case Number:	CM14-0012633		
Date Assigned:	02/21/2014	Date of Injury:	04/19/2007
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/31/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 54 year old male. The patient has a date of work injury dated 4/19/07. The diagnoses include Chronic Regional Pain Syndrome I; right hand and wrist sprain and strain, status post crush injury to the right hand; chronic pain related insomnia; neuropathic pain; chronic pain related anxiety. There are requests for prescriptions of Pristiq 50mg#30, Catapres ITS patch 0.2mg #4, Elavil25mg #60, and , and 1 Orthostim unit. There is a 2/6/14 primary treating physician document that states that the patient returns today stating, "My pain is increased because I have been working". The patient states he has been working at a new ranch basically painting and sanitizing trucks. He states that this is causing an aggravation of his pain. The patient states that he also does miscellaneous jobs around the ranch, such as picking up twigs. The patient complains of right hand pain. He states, "It feels swollen like it is going to explode". He also complains of neck pain, right arm and shoulder pain. He states that the KetoFlex Ointment is helping him a lot. The patient's pain right now is 7/10. The patient's pain score with medications is 7/10 and without medications is 9/10 (1 being no pain and 10 being the worst pain imaginable). The treatment plan states that the patient has chronic sympathetically maintained pain. However, he has been able to return to work. The treatment plan includes: 1- Request authorization for urine drug screen 2-Nucynta 100 mg, p.o. q 6 hrs for breakthrough pain, #120; 3-Request authorization for intravenous magnesium therapy for his neuropathic pain. (This requires in-office intravenous magnesium under continuous monitoring and over approximately two to three hours.) 4-The patient is to start Serrapeptase, one twice a day for pain, #60 5-Prilosec 20mg 1 PO daily for gastric reflux related to NSAID use #30. 6-Colace 100mg 1 PO up to TID for constipation related to narcotic use #90 7-Pristiq 50 mg p.o daily for depression #30. 8-Catapres TTS patch 0.2mg/24 hours apply one patch topically q week, #4 for

sympathetically maintained pain. 9-Anaprox 550 mg PO TID PRN for inflammation and pain, #90 10- Elavil25 mg 1-2 p.o q hs #60 for pain related insomnia. 11-Lyrica 150 mg 1 p.o bid #60.12-Refill KetoFlex(Ketoprofen/Cyclobenzaprine)15%/10% Cream 240mgApply topically TID. The 11/3/2014 report noted the patient's pain was 9/10 without medications and 7/10 with the current medication regimen including Cataprcs, which remains unchanged from prior reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRISTIQ 50 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS AND STRESS-DESYENLAFAXINE (PRISTIQ)

Decision rationale: Pristiq 50mg #30 is not medically necessary per the ODG guidelines. The MTUS Chronic Pain Medical Treatment Guidelines were reviewed but do not address Pristiq. The ODG states that Pristiq is recommended for depression and as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Pristiq (desvenlafaxine) is a serotonin and norepinephrine reuptake inhibitor (SNRI). The documentation indicates that the patient is being prescribed this for depression; however documentation does not reveal evidence that this is providing benefit for the patient. There is no discussion of the patient's mood or any discussion of depressive symptoms. The recent submitted office visit does not reveal findings suggestive of neuropathic pain. The request for the continuation of Pristiq 50mg #30 is not medically necessary.

ELAVIL 25MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS AND STRESS-INSOMNIA TREATMENT

Decision rationale: Elavil 25mg #60 is not medically necessary per the ODG guidelines. The documentation indicates that Elavil has been prescribed for pain related insomnia. The MTUS does not specifically address insomnia treatment. The ODG states that sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The documentation indicates that the patient has long use of Elavil, dating back to 10/2012. The documentation does not reveal continued benefit from this medication. The continued use of Elavil 25mg #60 is not medically necessary.

ORTHOSTIM UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), NEUROMUSCULAR ELECTRICAL STIMULATION, 67

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GALVANIC STIMULATION; INTERFERENTIAL CURRENT STIMULATION (ICS); NEUROMUSCULAR ELECTRICAL STIMULA.

Decision rationale: Orthostim Unit is not medically necessary per the MTUS guidelines. OrthoStim unit utilize TENS, interferential current, galvanic and NMES. The MTUS Chronic Pain Medical Treatment Guidelines state that galvanic stimulation is considered investigational for all conditions. The MTUS Chronic Pain Medical Treatment Guidelines notes that NMES is not supported for the treatment of chronic pain and used primarily for post stroke rehabilitation. Additionally, the Chronic Pain Medical Treatment Guidelines note that interferential current stimulation (ICS) is not recommended as an isolated intervention. The unit includes galvanic stimulation and NMES which are clearly not recommended per the MTUS guidelines. The patient has not had any documentation of stroke. There are no indications for an Orthostim Unit for this patient. Therefore, the request for Orthostim Unit is not medically necessary.

CATAPRES TTS PATCH .2MG #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CLONIDINE, INTRATHECAL Page(s): 34-35.

Decision rationale: Catapres TTS patch 0.2mg #4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that historically Catapres is prescribed as an antihypertensive agent, but it has found new uses, including treatment of some types of neuropathic pain. The documentation states that Catapres was being used for sympathetically maintained pain. The documentation submitted indicates that the patient has been on Catapres for an extended period without significant improvement in pain. The Guidelines state that this medication is recommended only after short term trial indicates pain relief in patient's refractory to opioid monotherapy or opioids with local anesthetic. Without significant improvement in pain levels despite being on Catapres the continued use of Catapres TTS patch 0.2mg #4 is not medically necessary.