

Case Number:	CM14-0014896		
Date Assigned:	02/28/2014	Date of Injury:	05/24/2012
Decision Date:	07/23/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/05/2014

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, and is licensed to practice in Illinois. 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 39-year-old who reported feeling sudden pain in his right shoulder and arm during a lifting incident at work on May 24, 2012. Within the clinical note dated January 15, 2014, it was noted the injured worker had a follow-up after an occipital nerve block. The injured worker reported a reduction in pain and spasms that had affected his right upper extremity, however, the injured worker continued to report pain despite all treatments. The injured worker's prescribed medications were noted as Amrix 50 mg, Cymbalta 30 mg, Cymbalta 60 mg for a total of 90 mg of Cymbalta daily, Valium 5 mg as needed for severe anxiety, Nucynta 50 mg, Nucynta ER 100 mg, and Buspar 5 mg. The physical examination noted the injured worker's pain level at 7/10; however, it was also noted that he did experience moderate relief from the last set of trigger point injections that were performed. It was noted that there was moderate to severe myofasciitis in the suboccipital, paravertebral, cervical, and trapezius on the right side, mild on the left. It extended into the shoulder and right biceps, into the upper extremity. Manipulation of the right upper extremity showed pain in the shoulder joint down to the biceps. There was also tactile allodynia, hyperpathia, trace edema, hyperhidrosis, and discoloration of the right arm below the elbow. The injured worker was also noted to have pain with manipulation of his right wrist and decreased grip strength. There was significant temperature difference noted between right and left hands. It was also noted in the clinical documentation that the injured worker had undergone conservative treatments with physical therapy and NSAIDs (non-steroidal anti-inflammatory drugs) with no significant relief. The diagnosis included complex regional pain syndrome right upper extremity, which appeared to be in the early stages and may not have been triggered until after his shoulder injury. It was noted that the injured worker met the diagnostic criteria for CRPS (chronic regional pain syndrome) with edema, color changes, temperature difference, hyperhidrosis, as well as vasculopathy and pain

pattern. Other diagnoses included myofascial pain to the right cervical, trapezius, and scapular areas, shoulder injury status post-surgery, and severe situational depression. The treatment plan included a request for an MRI of the cervical spine with contrast, a request for an MRI of the right shoulder including biceps with contrast, continued recommendation of posture shirt, and follow-up as needed in 1 months' time. It was documented that the injured worker had a procedure of ultrasound guided occipital nerve block times 10. The requests for authorization were submitted on January 15, 2014 for an MRI with contrast cervical, an MRI with contrast for the right shoulder, and for prescribed medications of Amrix 15 mg once a day, Cymbalta 30 mg once a day, Cymbalta 60 mg once a day (total 90 mg Cymbalta daily), Valium 5 mg once a day as needed for severe anxiety, Nucynta 50 mg 1 to 2 three times a day, Nucynta ER 100 mg twice a day, and Buspar 5 mg 1 three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 30 MG- 1 TABLET EVERY DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain Page(s): 14-15.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The guidelines also state that Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of Duloxetine for other types of neuropathic pain. Dosing of Cymbalta is 60 mg once a day as an off label option for chronic pain syndromes. In the clinical notes provided for review, there was lack of documentation of the efficacy of the prescribed medications of the injured worker. It was documented that the injured worker had been taking Cymbalta; however, the guidelines state that assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes, and use of other analgesic indication, sleep quality, and duration, and psychological assessment. The clinical notes lacked assessment of efficacy to support continuation. Also, the request as submitted failed to provide a quantity. The request for Cymbalta 30 mg is not medically necessary or appropriate.

CYMBALTA 60 MG - TABLET EVERY DAY (TOTAL OF 90 MG DAILY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain Page(s): 14-15.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The guidelines also state that Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of Duloxetine for other types of neuropathic pain. Dosing of Cymbalta is 60 mg once a day as an off label option for chronic pain syndromes. In clinical notes provided for review, there was lack of documentation of the efficacy of the prescribed medications of the injured worker. It was documented that the injured worker had been taking Cymbalta; however, the guidelines state that assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes, and use of other analgesic indication, sleep quality, and duration, and psychological assessment. The clinical notes lacked assessment of efficacy to support continuation. Also, the request exceeds the recommend daily dosing of 60mg once a day. The request for Cymbalta 60 mg is not medically necessary or appropriate.

NUCYNTA 50 MG -1 TO 2 TABLETS 3 TIMES DAILY: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. In the clinical notes provided for review, there was lack of documentation of the efficacy of the prescribed medications. It was documented that the injured worker had been taking an antidepressant; however, its efficacy or lack thereof was not documented. The guidelines also state that there are no trials of long-term use. In the clinical notes, it was documented that the injured worker had been on Nucynta for an undetermined amount of time. Also, the request as

submitted failed to provide a quantity of the requested medication. The request for Nucynta 50 mg is not medically necessary or appropriate.

NUCYNTA EXTENDED RELEASE 100 MG -1 TABLET TWICE DAILY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. In the clinical notes provided for review, there was a lack of documentation of the efficacy of the prescribed medications. It was documented that the injured worker had been taking an antidepressant; however, efficacy or lack thereof was not documented. The guidelines also state that there are no trials of long-term use. In the clinical notes it was documented that the injured worker had been on Nucynta for an undetermined amount of time. Also, the request as submitted failed to provide a quantity of the medication. The request for Nucynta extended release 100 mg is not medically necessary or appropriate.

BUSPAR 5 MG -1 TABLET 3X DAILY: Upheld

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

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 (ODG) state that Buspar (Buspirone) is approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. In the clinical notes provided for review, it was noted how long the injured worker had been taking Buspar or of its efficacy. The guidelines state that Buspar is approved for short-term relief of anxiety symptoms and the efficacy is decreased in injured worker's with recent/prior benzodiazepine use. Also, the request as submitted failed to provide the quantity of the medication. The request for Buspar 5 mg is not medically necessary or appropriate.

MRI (MAGNETIC RESONANCE IMAGE) WITH CONTRAST TO RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines state that special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. Primary criteria for ordering imaging studies are: emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). In the clinical notes provided for review, it was noted that the injured worker had failed conservative treatment; however, it is unclear how long the injured worker had conservative care and what modalities were incorporated. In the guidelines it is recommended that a four to six week period of conservative care and observation shows failure of improvement of symptoms. Also, the examination failed to document the presence of significant deficits regarding the shoulder to support imaging. The request for MRI (magnetic resonance image) with contrast to right shoulder is not medically necessary or appropriate.

MRI (MAGNETIC RESONANCE IMAGE) WITH CONTRAST TO CERVICAL SPINE:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The Neck and Upper Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state that special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. Primary criteria for ordering imaging studies are: emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). In the clinical notes provided for review, it was noted that the injured worker had failed conservative treatment; however, it is unclear how long the injured worker had conservative care and what modalities were incorporated. In the guidelines it is recommended that a four to six week period of conservative care and observation shows failure of improvement of symptoms. Also, there is a

lack of neurological deficits related to the cervical spine to support an MRI. The request for MRI (magnetic resonance image) with contrast to cervical spine is not medically necessary or appropriate.

VALIUM 5 MG - 1 TABLET EVERY DAY AS NEEDED FOR SEVERE ANXIETY:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Valium is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In the clinical notes provided for review, the efficacy of the prescribed medications the injured worker was taking is unclear. The guidelines state that Valium is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. In the clinical documentation, it is unclear the duration of the prescription of Valium. There is also lack of documentation of the severity of the injured worker's anxiety. The request as submitted failed to provide the quantity of the medication. The request for Valium 5 mg is not medically necessary or appropriate.

AMRIX 15 MG -1 TABLET EVERY DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Amrix is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Amrix is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Amrix is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Amrix is associated with a number needed to treat of three at two weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. Dosing recommendation is 5 mg three times a day and it can be increased to 10 mg three times a day. This medication is not recommended to be used for longer than two to three weeks. In the clinical notes provided for review, there is lack of documentation of the efficacy of the prescribed medications. It was noted in the clinical documentation that the injured worker had been prescribed Amrix, but it is unclear of the duration and efficacy. The guidelines state that the use of Amrix is not recommended to be used for longer than two to three weeks. The

request as submitted failed to provide the quantity of the medication. The request for Amrix 15 mg is not medically necessary or appropriate.