MAXIMUS Federal Services

| Case Number: | CM14-0112407 | | |
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| Date Assigned: | 08/01/2014 | Date of Injury: | 03/10/1999 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 07/15/2014 |
| Priority: | Standard | Application Received: | 07/18/2014 |

## 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:

Patient is a 53-year-old male who has submitted a claim for major depressive disorder, displacement of cervical intervertebral disc without myelopathy status post fusion, rotator cuff sprain status post arthroscopy, and neck sprain associated with an industrial injury date of 3/10/1999. Medical records from 2000 to 2014 were reviewed. Appeal letter from 4/11/2014 showed that intake of Anaprox and Tylenol provided 30% symptom relief, while Cymbalta provided 30 to 40% relief for 75% of the day. He was able to walk longer, stand longer and move around better. Cymbalta was used for both neuropathic pain and depression. Neurontin was prescribed for neuropathic pain as well, and resulted to 70% pain relief. Intake of tizanidine was only during flare-up of symptoms. Tramadol only provided short term pain relief. Main side effect from medications was drowsiness. Patient complained of neck pain, rated 8/10 in severity, aggravated by twisting, bending, and prolonged positioning. Patient likewise experienced right shoulder pain, rated 8/10, radiating to the right elbow and forearm, associated with giving way and locking sensation at the shoulder. Patient reported low no back pain, rated 7/10 in severity, radiating to the right gluteal area. Patient denied incontinence. Patient had loss of interest in activities, sleep disturbances, easy fatigability, poor appetite, and trouble in concentration. Patient received psychiatric care since 2006. The request for psychological pain evaluation was certified on 6/4/2014. Physical examination showed restricted motion of the right shoulder. Straight leg raise test was negative. Sensation was diminished at the right fifth digit, right axilla, and medial aspect of the right leg below the knee. Reflexes were normal.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 550mg #100 with 12 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDs Page(s): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Anaprox since March 2014. Appeal letter from 4/11/2014 stated that it provided 30% decrease in pain severity. However, long-term use of NSAIDs is not guideline recommended. Moreover, there is no discussion as to why 12 refills should be certified at this time. Frequent monitoring of patient's response to current treatment regimen is paramount in managing chronic pain conditions. Therefore, the request for Anaprox DS 550mg #100 with 12 refills is not medically necessary.

**Cymbalta 60mg #30 with 12 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), Page(s): 43-44.

**Decision rationale:** Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. in this case, patient has been on Cymbalta since March 2014. Appeal letter from 4/11/2014 stated that it provided 30 to 40% symptom relief for 75% of the day. Cymbalta allowed the patient to walk longer, stand longer, and move around better. It was prescribed for both neuropathic pain and depression. The medical necessity has been established. However, there is no discussion as to why 12 refills should be certified at this time. Frequent monitoring of patient's response to current treatment regimen is paramount in managing chronic pain conditions. Therefore, the request for Cymbalta 60mg #30 with 12 refills is not medically necessary.

**Neurontin 1200mg #100 with 12 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., Anti-Epilepsy Drugs Page(s): 16-17.

**Decision rationale:** As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, patient has been on Neurontin since 2004. Appeal letter from 4/11/2014 stated that it was prescribed for neuropathic pain resulting to 70% symptom relief. The medical necessity has been established. However, there is no discussion as to why 12 refills should be certified at this time. Frequent monitoring of patient's response to current treatment regimen is paramount in managing chronic pain conditions. Therefore, the request for Neurontin 1200mg #100 with 12 refills is not medically necessary.

**Psychological Pain Counseling 2 times a month for 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Section, Office Visits

**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, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient had loss of interest in activities, sleep disturbances, easy fatigability, poor appetite, and trouble in concentration. He has been receiving psychiatric care since 2006. The medical necessity for pain counseling has been established. However, the request for psychological pain evaluation was certified on 6/4/2014. The official result of evaluation was not made available for review. There is insufficient information to warrant 12 sessions of counseling at this time. Therefore, the request for Psychological Pain Counseling 2 times a month for 6 months is not medically necessary.

**Tizanidine 4mg #90 with 12 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64, 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Muscle Relaxant Page(s): 63.

**Decision rationale:** According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on tizanidine since March 2014. Appeal letter from 4/11/2014 stated that patient only utilizes tizanidine during flare up of symptoms. However, the most recent physical

examination failed to provide evidence of muscle spasm. Moreover, long-term use of muscle relaxant is not recommended. There is likewise no discussion as to why 12 refills should be certified at this time. Frequent monitoring of patient's response to current treatment regimen is paramount in managing chronic pain conditions. Therefore, the request for Tizanidine 4mg #90 with 12 refills is not medically necessary.

**Tylenol 1000mg #100 with 12 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid9792.24.2, Codeine Page(s): 35 80.

**Decision rationale:** Tylenol #3 (tylenol with codeine) is a brand name for acetaminophen with codeine. According to CA MTUS Chronic Pain Medical Treatment Guidelines page 35, codeine is recommended as an option for mild to moderate pain. Page 80 states that opioids appear to be efficacious for chronic back pain but limited for short-term pain relief. There is no evidence to recommend one opioid over another. In this case, patient has been on Tylenol since March 2014. Appeal letter from 4/11/24 stated that it provided 30% symptom relief. However, Tylenol is recommended for short-term relief only. Moreover, there is no discussion as to why 12 refills should be certified at this time. Frequent monitoring of patient's response to current treatment regimen is paramount in managing chronic pain conditions. Therefore, the request for Tylenol 1000mg #100 with 12 refills is not medically necessary.

**Ultram ER 100mg #30 with 12 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids, Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Ultram since March 2014. Appeal letter from 4/11/2014 cited that it provided short-term relief of symptoms. Drowsiness was a noted side-effect. Intake of medications also allowed him to perform activities of daily living. However, there is no discussion as to why 12 refills should be certified at this time. Frequent monitoring of patient's response to current treatment regimen is paramount in managing chronic pain conditions. Therefore, the request for Ultram ER 100mg #30 with 12 refills is not medically necessary.