

Case Number:	CM14-0179904		
Date Assigned:	11/06/2014	Date of Injury:	04/14/2010
Decision Date:	12/17/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/29/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 54 year old female with past medical history of rheumatoid arthritis, Raynaud's and Sjogren's syndrome, and laryngospasm who was injured at work on 04/14/2010. The injury involved the neck, back, shoulders and right knee. She is reported to have developed sleep disturbances, weight gain and depression since the injury. She visited her doctor on 10/15/14, and was reported of having complained of falls due to spasm and injury to the hamstring and unstable knees. The falls are controlled by braces, but she needs Lidoderm patch in order to tolerate the brace. Also, she complains of neck pain that radiates to the hands, thumbs, and fifth fingers, numbness and tingling sensations in her neck. The physical examination revealed Body mass index of 40.5, tenderness in the right upper back and neck, limited range of motion of the right shoulder, tenderness and pain with valgus stress right elbow and crepitation with flexion and extension, vertical arthrothomy scar left knee, she walks with guarded gait and has to push up with her left arm to get out of chair. The worker has been diagnosed of right knee internal derangement; left knee post traumatic arthritis with revision x2; Left hamstring avulsed and incompetent from falls and tears; left hamstring partial tear; Lumbar DDD and DJD with sprain; left lower extremity sciatica; Cervical DDD, DJD, and upper extremity radiculopathy; severe depression. Treatments have included Mirapex, Gabapentin, Cymbalta, Percocet, Trochanteric bursa injection, cognitive behavioral therapy, TENs unit, Baclofen, Fluticasone, Butrans, Ambien, Cardizem, Cellcept, Cymbalta,, Feldene, Lidocaine patch, Plaquenil, Protonix, Mirtazapine. At dispute are the requests for Lidoderm 5% patches #180 with 2 refills, Deplin 15mg #90 with 2 refills, Metformin 500mg #90 with 2 refills, Fluoxetine 30mg #90 with 2 refills, Botox injections, Voltaren 1% gel with 2 refills, Xarelto 20mg #30, Abilify 5mg #90 with 2 refills, Duloxetine 30mg #270 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #180 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 55-56.

Decision rationale: The injured worker sustained a work related injury on 04/14/2010. The medical records provided indicate the diagnosis of right knee internal derangement; left knee post traumatic arthritis with revision x2; Left hamstring avulsed and incompetent from falls and tears; left hamstring partial tear; Lumbar DDD and DJD with sprain; left lower extremity sciatica; Cervical DDD, DJD, and upper extremity radiculopathy; severe depression. Treatments have included Mirapex, Gabapentin, Cymbalta, Percocet, Trochanteric bursa injection, cognitive behavioral therapy, TENs unit, Baclofen, Fluticasone, Butrans, Ambien, Cardizem, Cellcept, Cymbalta, Feldene, Lidocaine patch, Plaquenil, Protonix, Mirtazapine. The medical records provided for review do not indicate a medical necessity for Lidoderm 5% patches #180 with 2 refills. The MTUS states that Lidoderm is only FDA approved for post-herpetic neuralgia. Therefore, the requested treatment is not medically necessary and appropriate.

Deplin 15mg #90 with 2 refills: 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) Medical Food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical Food.

Decision rationale: The injured worker sustained a work related injury on 04/14/2010. The medical records provided indicate the diagnosis of right knee internal derangement; left knee post traumatic arthritis with revision x2; Left hamstring avulsed and incompetent from falls and tears; left hamstring partial tear; Lumbar DDD and DJD with sprain; left lower extremity sciatica; Cervical DDD, DJD, and upper extremity radiculopathy; severe depression. Treatments have included Mirapex, Gabapentin, Cymbalta, Percocet, Trochanteric bursa injection, cognitive behavioral therapy, TENs unit, Baclofen, Fluticasone, Butrans, Ambien, Cardizem, Cellcept, Cymbalta, Feldene, Lidocaine patch, Plaquenil, Protonix, Mirtazapine. The medical records provided for review do not indicate a medical necessity for Deplin 15mg #90 with 2 refills. Deplin is a medical food containing L-methylfolate, the active form of the vitamin B9 (folate). The MTUS is silent of medical food; but the Official Disability Guidelines does not recommend medical food for chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes; also, Medical food is food which is formulated to be

consumed or administered enterally (through a tube down to the alimentary system) under the supervision of a physician and which is intended for the specific dietary management of a disease or condition requiring treatment with such food. The requested treatment is not medically necessary.

Metformin 500mg #90 with 2 refills: Overtaken

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

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

Decision rationale: The injured worker sustained a work related injury on 04/14/2010. The medical records provided indicate the diagnosis of right knee internal derangement; left knee post traumatic arthritis with revision x2; Left hamstring avulsed and incompetent from falls and tears; left hamstring partial tear; Lumbar DDD and DJD with sprain; left lower extremity sciatica; Cervical DDD, DJD, and upper extremity radiculopathy; severe depression. Treatments have included Mirapex, gabapentin, Cymbalta, Percocet, Trochanteric bursa injection, cognitive behavioral therapy, TENs unit, Baclofen, Fluticasone, Butrans, Ambien, Cardizem, Cellcept, Cymbalta, Feldene, Lidocaine patch, Plaquenil, Protonix, Mirtazapine. The medical records provided for review do indicate a medical necessity for Metformin 500mg #90 with 2 refills. The MTUS is silent on this topic. However, the Official Disability Guidelines states that Metformin has been found to produce 2.06% weight loss (versus 0.02% in placebo) and waist circumference by almost one inch in study in randomized controlled trial participants. Since records indicate the injured worker has problems with activities of daily living like walking, has gained weight since the injury, and currently has a BMI of 40.5, the requested treatment is medically necessary and appropriate.

Fluoxetine 30mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 14-16.

Decision rationale: The injured worker sustained a work related injury on 04/14/2010. The medical records provided indicate the diagnosis of right knee internal derangement; left knee post traumatic arthritis with revision x2; Left hamstring avulsed and incompetent from falls and tears; left hamstring partial tear; Lumbar DDD and DJD with sprain; left lower extremity sciatica; Cervical DDD, DJD, and upper extremity radiculopathy; severe depression. Treatments have included Mirapex, Gabapentin, Cymbalta,, Percocet, Trochanteric bursa injection, cognitive behavioral therapy, TENs unit, Baclofen, Fluticasone, Butrans, Ambien, Cardizem, Cellcept,

Cymbalta,, Feldene, Lidocaine patch, Plaquenil, Protonix, Mirtazapine. The medical records provided for review do not indicate a medical necessity for Fluoxetine 30mg #90 with 2 refills. Not only did the injured worker recently suffer from the life threatening serotonin syndrome, a recognized side effect of the selective Serotonin reuptake group of drugs, the MTUS states that the selective serotonin reuptake Inhibitors (SSRIs) antidepressants are controversial in the management of chronic pain. Also, although the injured worker has a history of depression, the psychological evaluation of 09/11/2014 considers her main problem to be pain disorder associated with psychological factors and general medical condition. Therefore, this requested treatment is not medically necessary and appropriate.

Botox injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox; Myobloc) Page(s): 25-26.

Decision rationale: The injured worker sustained a work related injury on 04/14/2010. The medical records provided indicate the diagnosis of right knee internal derangement; left knee post traumatic arthritis with revision x2; Left hamstring avulsed and incompetent from falls and tears; left hamstring partial tear; Lumbar DDD and DJD with sprain; left lower extremity sciatica; Cervical DDD, DJD, and upper extremity radiculopathy; severe depression. Treatments have included Mirapex, Gabapentin, Cymbalta,, Percocet, Trochanteric bursa injection, cognitive behavioral therapy, TENs unit, Baclofen, Fluticasone, Butrans, Ambien, Cardizem, Cellcept, Cymbalta,, Feldene, Lidocaine patch, Plaquenil, Protonix, Mirtazapine. The medical records provided for review do not indicate a medical necessity for Botox injections. Generally, the MTUS does not recommend the use of Botox injection in the treatment of chronic pain, except in the treatment of cervical dystonia; and as an option in conjunction with a functional restoration program in the treatment of chronic low back pain, if a favorable initial response predicts subsequent responsiveness. Therefore, the requested treatment is not medically necessary and appropriate.

Voltaren 1% gel with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 04/14/2010. The medical records provided indicate the diagnosis of right knee internal derangement; left knee post traumatic arthritis with revision x2; Left hamstring avulsed and incompetent from falls and tears; left hamstring partial tear; Lumbar DDD and DJD with sprain; left lower extremity

sciatica; Cervical DDD, DJD, and upper extremity radiculopathy; severe depression. Treatments have included Mirapex, Gabapentin, Cymbalta,, Percocet, Trochanteric bursa injection, cognitive behavioral therapy, TENs unit, Baclofen, Fluticasone, Butrans, Ambien, Cardizem, Cellcept, Cymbalta,, Feldene, Lidocaine patch, Plaquenil, Protonix, Mirtazapine. The medical records provided for review do not indicate a medical necessity for Voltaren 1% gel with 2 refills. The MTUS considers the topical analgesics as largely experimental drugs used as an option in the treatment of neuropathic pain when trials of antidepressants and anticonvulsants have failed. The records indicate the injured worker is being treated with Gabapentin, an anticonvulsant, besides the antidepressants she has been on, and there is no indication these have failed. Therefore, this treatment is not medically necessary and appropriate.

Mirtazapine 45mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60-61. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <Medscape, <http://reference.medscape.com/drug/remeron-soltab-mirtazapine-342966> Epocrates, <https://online.epocrates.com/u/10a1173/Remeron>.

Decision rationale: The injured worker sustained a work related injury on 04/14/2010. The medical records provided indicate the diagnosis of right knee internal derangement; left knee post traumatic arthritis with revision x2; Left hamstring avulsed and incompetent from falls and tears; left hamstring partial tear; Lumbar DDD and DJD with sprain; left lower extremity sciatica; Cervical DDD, DJD, and upper extremity radiculopathy; severe depression. Treatments have included Mirapex, Gabapentin, Cymbalta,, Percocet, Trochanteric bursa injection, cognitive behavioral therapy, TENs unit, Baclofen, Fluticasone, Butrans, Ambien, Cardizem, Cellcept, Cymbalta,, Feldene, Lidocaine patch, Plaquenil, Protonix, Mirtazapine. The medical records provided for review do not indicate a medical necessity for Mirtazapine 45mg #90 with 2 refills. Neither the MTUS nor the Official Disability Guidelines, recommend Mirtazapine for treatment of chronic pain. Also, Epocrates online recognizes it as a form of treatment for Major depressive disorder, while Medscape recognize it as a form of treatment for depression, Post-traumatic Stress Disorder, and Insomnia. The requested treatment is not medically necessary and appropriate, since currently her main work related problem is chronic pain.

Xarelto 20mg #30: 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) Rivaroxaban (Xarelto)

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

Decision rationale: The injured worker sustained a work related injury on 04/14/2010. The medical records provided indicate the diagnosis of right knee internal derangement; left knee post traumatic arthritis with revision x2; Left hamstring avulsed and incompetent from falls and tears; left hamstring partial tear; Lumbar DDD and DJD with sprain; left lower extremity sciatica; Cervical DDD, DJD, and upper extremity radiculopathy; severe depression. Treatments have included Mirapex, Gabapentin, Cymbalta, Percocet, Trochanteric bursa injection, cognitive behavioral therapy, TENs unit, Baclofen, Fluticasone, Butrans, Ambien, Cardizem, Cellcept, Cymbalta, Feldene, Lidocaine patch, Plaquenil, Protonix, Mirtazapine. The records reviewed do not indicate a medical necessity for Xarelto 20mg #30. The injured worker has a history of multiple knee surgeries, the last being in 2013; also, she has a deep vein thrombosis, but she was prescribed Xarelto 20mg #30 for prevention of Deep Vein thrombosis as she was about undergoing elbow surgery. The MTUS is silent on the topic, but the Official Disability Guidelines recommends the use of Rivaroxaban (Xarelto) for the prevention of deep vein thrombosis (DVT) and pulmonary embolism (PE) in patients undergoing hip- and knee-replacement surgery. Therefore, though she has a previous history of deep Vein thrombosis, the current does not involve the lower limb, consequently, this medication is not medically necessary and appropriate.

Abilify 5mg #90 with 2 refills: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60-61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Workers' Compensation Drug Formulary; Mental Illness & Stress, Aripiprazole (Abilify)

Decision rationale: The injured worker sustained a work related injury on 04/14/2010. The medical records provided indicate the diagnosis of right knee internal derangement; left knee post traumatic arthritis with revision x2; Left hamstring avulsed and incompetent from falls and tears; left hamstring partial tear; Lumbar DDD and DJD with sprain; left lower extremity sciatica; Cervical DDD, DJD, and upper extremity radiculopathy; severe depression. Treatments have included Mirapex, Gabapentin, Cymbalta, Percocet, Trochanteric bursa injection, cognitive behavioral therapy, TENs unit, Baclofen, Fluticasone, Butrans, Ambien, Cardizem, Cellcept, Cymbalta, Feldene, Lidocaine patch, Plaquenil, Protonix, Mirtazapine. The medical records provided for review do not indicate a medical necessity Abilify 5mg #90 with 2 refills. The provider stated the Abilify is for treatment of chronic pain and mood disorder; however, the MTUS does not recommend this medication for chronic pain, neither is it referenced in the Official Disability Workers' Compensation Drug formulary. The official Disability Guidelines states that "Abilify (Aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend

atypical antipsychotics for conditions covered in ODG". Also, the records indicate she had significant weight gain in the past when she used this medication, and she is now being treated with Metformin for problems related to the weight gain. . Therefore, the requested treatment is not medically necessary and appropriate.

Duloxetine 30mg #270 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 14-16.

Decision rationale: The injured worker sustained a work related injury on 04/14/2010. The medical records provided indicate the diagnosis of right knee internal derangement; left knee post traumatic arthritis with revision x2; Left hamstring avulsed and incompetent from falls and tears; left hamstring partial tear; Lumbar DDD and DJD with sprain; left lower extremity sciatica; Cervical DDD, DJD, and upper extremity radiculopathy; severe depression. Treatments have included Mirapex, Gabapentin, Cymbalta,, Percocet, Trochanteric bursa injection, cognitive behavioral therapy, TENs unit, Baclofen, Fluticasone, Butrans, Ambien, Cardizem, Cellcept, Cymbalta,, Feldene, Lidocaine patch, Plaquenil, Protonix, Mirtazapine. The medical records provided for review do not indicate a medical necessity for Duloxetine 30mg #270 with 2 refills. Duloxetine (Cymbalta,) is a member of the selective serotonin and norepinephrine reuptake inhibitors (SNRIs) group of antidepressants. Not only did the injured worker recently suffer from the life threatening serotonin syndrome, a recognized side effect of the selective serotonin and norepinephrine reuptake inhibitors, the MTUS does not recommend the use of Duloxetine for treatment of any other type of pain besides neuropathy. The report indicates depression is currently not her main problem, but pain; therefore, it is not medically necessary and appropriate to restart this medication which has the potential for life threatening side effect.