

Case Number:	CM14-0024931		
Date Assigned:	06/11/2014	Date of Injury:	02/19/2001
Decision Date:	08/13/2014	UR Denial Date:	02/15/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 60-year-old female who reported an injury on 02/19/2001. The mechanism of injury was not provided for clinical review. The diagnosis included right upper extremity repetitive stress injury. Previous treatments included medication. Within the clinical note dated 01/14/2014, it was reported the injured worker complained of right shoulder, arm, wrist, and hand pain. Upon the physical examination, it was noted the injured worker's cervical range of motion to be limited on the right side. The provider noted tenderness on the right wrist and thumb. The provider requested for Baclofen, Cymbalta, Norco, Lidoderm, Topamax, and Trazodone. However, a rationale was not provided for clinical review. The request for authorization was submitted and dated on 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PRESCRIPTION OF BACLOFEN 10MG #120 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for unknown prescription of Baclofen 10 mg #120 with 1 refill is non-certified. The injured worker complained of right shoulder, arm, wrist, hand, and neck pain. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The Guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the injured worker was treated for or diagnosed with muscle spasms. The injured worker has been utilizing the medication for an extended period of time since at least 06/2012, which exceeds the Guideline recommendations of 2 to 3 weeks. The clinical documentation submitted fails to provide the efficacy of the medication as evidenced by significant functional improvement. Additionally, the request fails to provide the frequency of the medication. Therefore, the request for unknown prescription of Baclofen 10 mg #120 with 1 refill is non-certified.

UNKNOWN PRESCRIPTION OF CYMBALTA 60MG #30 WITH 1 REFILL: Upheld

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

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

Decision rationale: The request for unknown prescription of Cymbalta 60 mg #30 with 1 refill is non-certified. The injured worker complained of right shoulder, arm, wrist, hand, and neck pain. The California MTUS Guidelines recommend antidepressants as a first-line option for neuropathic pain. The Guidelines note Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off label for neuropathic pain and radiculopathy. There is a lack of documentation indicating the injured worker was treated for or diagnosed with anxiety, depression, diabetic neuropathy, or fibromyalgia. The request submitted failed to provide the frequency of the medication. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request for unknown prescription of Cymbalta 60 mg #30 with 1 refill is non-certified.

UNKNOWN PRESCRIPTION OF NORCO 10/325 MG #240 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for unknown prescription of Norco 10/325 MG #240 WITH 1 REFILL IS non-certified. The injured worker complained of right shoulder, arm, wrist, hand, and neck pain. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain

assessment within the documentation. The injured worker has been utilizing the medication since 06/2012. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen had not been provided for clinical review. Therefore, the request for unknown prescription of Norco 10/325 mg #240 with 1 refill is non-certified.

UNKNOWN PRESCRIPTION OF LIDODERM 5% #30 WITH 1 REFILL: Upheld

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

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

Decision rationale: The request for unknown prescription of Lidoderm 5% #30 with 1 refill is non-certified. The injured worker complained of right shoulder, arm, wrist, hand, and neck pain. The California MTUS Guidelines note that topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatments of osteoarthritis of the spine, hip, or shoulder. Topical Lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of first-line therapy. Topical Lidocaine in the formulation of a dermal patch Lidoderm has been designated for orphan status by the FDA for neuropathic pain. There is a lack of documentation indicating the medication had been providing efficacy as evidenced by significant functional improvement. There is a lack of documentation indicating the injured worker was treated for or diagnosed with neuropathic pain. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Additionally, there is a lack of documentation indicating the injured worker had tried and failed on first line agents for the management of neuropathic pain. Therefore, the request for unknown prescription of Lidoderm 5% #30 with 1 refill is non-certified.

UNKNOWN PRESCRIPTION OF TOPAMAX 100 MG #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Page(s): 16-21.

Decision rationale: The request for unknown prescription of Topamax 100 mg #30 with 1 refill is non-certified. The injured worker complained of right shoulder, arm, wrist, hand, and neck pain. The California MTUS Guidelines recommend Topamax for neuropathic pain. The Guidelines also note Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for the use of neuropathic pain when other anticonvulsants fail. After initiation of treatment, there should be

documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epileptic drugs depends on the improved outcomes versus tolerability of adverse effects. The request submitted failed to provide the frequency of the medication. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is lack of significant objective findings indicating the injured worker was treated for or diagnosed with the management of neuropathic pain. Therefore, the request for unknown prescription of Topamax 100 mg #30 with 1 refill is non-certified.

UNKNOWN PRESCRIPTION OF TRAZADONE 50 MG #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN.

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

Decision rationale: The request for unknown prescription of Trazodone 50 mg #30 with 1 refill is non-certified. The injured worker complained of right shoulder, arm, wrist, hand, and neck pain. The California MTUS Guidelines recommend antidepressants for a first-line option for neuropathic pain. There is a lack of documentation indicating the injured worker is treated for the management of neuropathic pain. The request submitted failed to provide the frequency of the medication. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request for unknown prescription of Trazodone 50 mg #30 with 1 refill is non-certified.