

Case Number:	CM14-0039951		
Date Assigned:	06/30/2014	Date of Injury:	08/05/1994
Decision Date:	07/29/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/04/2014

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 and is licensed to practice in Pennsylvania. 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 underlying date of injury in this case is August 5, 1994. The patient was seen in pain management followup February 6, 2014 with the chief complaint of neck and right elbow pain. The patient reported pain radiating down the right arm from the neck and found it hard to find a position of comfort in bed. The patient was noted to have previously benefited from medication management, acupuncture, trigger point injections, and a TENS unit. Current medications included baclofen, Celebrex, Elavil, Flector patch, lidoderm patch, Norco tablets, and Voltaren Gel. The patient reported that she had to do a lot of computer work in the last month and had been using Flector patches and found Voltaren Gel helped at the elbow. The patient was having difficulty looking up or reaching up, causing pain in the neck and pain in the right elbow. On exam, the patient had tense, tender muscles in the posterolateral right neck and right suprascapular and interscapular region. The clinical impression was increased neck pain and slipped disc with pain down the right arm. The treating physician recommended continuing medications as well as increasing pain medication dosages to allow the patient to continue working. An initial physician review noted that the treating provider was requesting both Effexor and nortriptyline, which are both antidepressants. The physician opined that adding 2 additional medications to the list of pain medications was not appropriate when conservative treatments had been successful. This reviewer additionally noted that the patient was on a regimen of medications for neuropathic pain, and it did not appear to be appropriate to add Axert for migraine headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor 75 mg #90: Overturned

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

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

Decision rationale: The California MTUS guideline indicates that this medication is FDA approved for anxiety, depression, panic disorder, and social phobias and that it is off-label use approved for fibromyalgia, neuropathic pain, and diabetic neuropathy. Given that this patient has chronic pain of multifactorial, neuropathic, and non-neuropathic etiology, the treatment guidelines would support this medication as a first-line medication. In this case, the patient has reported a worsening of pain apparently of both neuropathic and myofascial etiology. The combination of nortriptyline and Effexor would be supported by the treatment guidelines. The medical records and guidelines do not support a contraindication but rather would support these medications. The request for Effexor is medically necessary.

Axert 12.5 mg #24: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (Trauma, Headaches, Etc Not Including Stress and Mental Disorders).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Treatment in Workers' Compensation, Pain Chapter and FDA Approved Labeling Information.

Decision rationale: This medication is not directly discussed in the California MTUS Guidelines. The Official Disability Guidelines/Treatment in Workers' Compensation/Pain states that triptans are effective for migraine sufferers. FDA approved labeling information for Axert states that this medication is recommended specifically for migraine headaches. The medical records in this case outline a patient with diffuse, multifactorial, multifocal pain. The medical records do not provide a rationale or basis to diagnose this patient specifically with migraine headache. For this reason, Axert is not supported by the medical records and guidelines. This request is not medically necessary.