

Case Number:	CM14-0055800		
Date Assigned:	07/09/2014	Date of Injury:	08/01/2012
Decision Date:	09/05/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/25/2014

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 Nevada. 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 38-year-old male who was reportedly injured on August 1, 2012. The mechanism of injury was noted as stress in her workplace. The most recent progress note dated April 4, 2014, indicated that there were ongoing complaints of neck pain, mid back pain, low back pain, bilateral shoulder pain, bilateral leg pain, and muscle aches. The physical examination demonstrated a well-developed, well-nourished individual in no distress. A positive Spurling's maneuver was reported and shoulder range of motion was reduced. Diagnostic imaging studies objectified ordinary disease of life degenerative changes (osteophyte formation) in the cervical spine. Electrodiagnostic studies were completed and a bilateral carpal tunnel syndrome was suggested. Previous treatment included multiple interventions and no specific findings other than ordinary disease of life degenerative changes. A request was made for multiple medications and was not medically necessary in the pre-authorization process on April 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: When considering the reported mechanism of injury and noting the ongoing complaints and noting of any resolution, the most recent progress notes indicate this medication is required to address the pain complaints. There is actually no evidence of any efficacy or utility. There is also no clear clinical indication for this medication. As a Tricyclic Antidepressant, when there is no improvement, this medication is to be discontinued as outlined in the California Medical Treatment Utilization Schedule. As such, this is not medically necessary.

Lidoderm 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: This was a stress-related injury, and there was no pathology objectified. In particular, there was no neuropathic lesion identified. As outlined in the California Medical Treatment Utilization Schedule, this is recommended for localized peripheral pain, and there has to be evidence of failure of first-line drugs. Seeing none, and noting there is no particular neuropathic lesion, there is no clinical indication presented for this medication. In addition, there is nothing in the progress notes presented for review noting any efficacy or utility with this preparation. As such, there is no clinical indication or medical necessity to continue this preparation.

OTC Terocin 4, 4% #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this is a compounded preparation which includes Methyl Salicylate, Capsaicin, Menthol, and Lidocaine. As noted in the California Medical Treatment Utilization Schedule, when one component of these compounded preparations is not indicated, the entire medication is not recommended. In this case, there is no neuropathic lesion which would exclude the need for Lidocaine. In addition, there is no documentation in the progress notes that this medication has demonstrated any efficacy or utility. Therefore, based on the progress notes presented for review and by the parameters noted in the California Medical Treatment Utilization Schedule, this is not medically necessary.

Pristiq tab 50 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: Pristiq is a Serotonin Norepinephrine Reuptake Inhibitor (SNRI) drug in the same class of medications as Effexor. The California Medical Treatment Utilization Schedule recommends the use of Tri-Cyclic Anti-Depressants as first line agents. The SNRI drugs are not recommended for the treatment of chronic pain with the exception of individuals that are concurrently being treated for an additional psychiatric diagnosis. As such, the request is considered not medically necessary.

Random Toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 111-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), criteria for use of opioids, chapter 4, page 78.

Decision rationale: This is an individual who underwent a stress type situation. Multiple interventions have been attempted with actually no amelioration of symptomatology. However, there is nothing in the progress notes to suggest that there is inappropriate use of medications, intoxication, presence of illegal drugs, issues with abuse addiction, or other poor pain control. As such, while noting the efficacy of the medications is not been objectified, there is no data presented to suggest a medical necessity of such an intervention.

Pharmacogenetic Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Becquemont L, (June 2009), Pharmacogenics 10(6); 961-9, doi 10.2217/p 09,37Huser, V Cimino ,J,J (2013) "providing pharmacogenics clinical decision support using whole genome sequencing data as input", AMIA summits on Transitional Science proceedings AMIA Summit on Transitional Science 2013:81.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Chronic Pain Medical Treatment Guidelines 8 pg.122.

Decision rationale: Millennium Pharmacogenetic Testing (PGT) is a genetic test (buccal swab/saliva) that identifies how a patient's genetic profile may impact his or her response to certain medications. Upon search of evidence based guidelines and peer reviewed literature, I was unable to locate any recommendations for this type of testing. In addition, there was no discussion within the documentation submitted for review as to the clinical necessity of such

testing. With this information, this request is not medically necessary at this time. Two patients, with the same diagnosis and prescribed the same medication and dose, may exhibit significantly different clinical responses.