

Case Number:	CM14-0067844		
Date Assigned:	07/11/2014	Date of Injury:	04/28/2008
Decision Date:	08/21/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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, has a subspecialty in Pain 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:

This is a 57-year-old female patient with a date of injury on 04/28/2006. Diagnoses include cervical radiculitis, complex regional pain syndrome right upper extremity, complex regional pain syndrome left upper extremity, myalgia/myositis, fibromyalgia, headaches, depression, status post spinal cord stimulator implant, vitamin D deficiency, and severe photophobia. Requests for Lidoderm 5% patch #30 refill 1, Lyrica 75 mg capsule #90 refilled 1, Relpax 20 mg tablet #30 refills one, and Cymbalta 30 mg capsule #60 refill 1 were non-certified at utilization review on 05/01/14 with the reviewing physician noting that although the patient claimed that current medications were helpful and beneficial, functional improvement from prior use was not objectively documented. Per FDA, the development of potentially life-threatening serotonin syndrome may occur with tripped and, particularly if combined with serotonin norepinephrine reuptake inhibitors (SNRI) and notably the patient is prescribed Relpax and Cymbalta, an SNRI. Patient was reported to have nausea and vomiting with prior Cymbalta twice daily intake. There is also no indication to provide any number of medication refills without interval evaluation of drug efficacy. Most recent progress note included for review is dated 06/03/14 and notes the patient to have subjective complaints of neck pain with radiation down the bilateral upper extremities and low back pain with radiation down the bilateral lower extremities. The patient also reports ongoing headaches. Pain was rated at 4-5/10 with medications and 7-8/10 without medications. The patient reported frequent gastritis and GERD (Gastroesophageal Reflux Disease) -related gastrointestinal upset. Patient reports moderate nausea. The patient reported limitations in activities of daily living with self-care, hygiene, activity, ambulation, hand function and sleep. The patient reported continued nausea with Cymbalta 60 mg twice daily but reduced dose to 30 mg. The patient reported that the use of acupuncture, muscle relaxant, sleep aid medication and spinal cord stimulator is helpful. Previous diagnostic studies have included CT

of the cervical spine, CT of the thoracic spine, CT of the lumbosacral spine, MRI of the right shoulder, EMG/NCV (Electromyography / Nerve Conduction Velocity) of the upper and lower extremities. Physical examination revealed limited lumbar range of motion secondary to pain. There was tenderness noted at the bilateral hands and decreased range of motion to the bilateral hands secondary to pain. Sensation was decreased to touch in the bilateral upper extremities. Motor exam showed decreased strength of the extensor muscles in the bilateral upper extremities. Atrophy was noted in the bilateral hands. Right upper extremity allodynia was noted at the hand/wrist. The patient was wearing bilateral wrist splints. Plan was to continue a home exercise program, acupuncture treatment, laboratory studies including urine drug testing, and refill medications. Medications included Cymbalta 30 mg capsules 1 tablet twice daily, Lidoderm 5% patch one patch every 12 hours, Lyrica 75 mg capsule 3 times daily, Restone 3-100mg one tablet at bedtime for insomnia, Tizanidine 4 mg #30 one tablet twice daily for spasm, vitamin D 2000 Iu. 2 tablets daily, Enovarx-Ibuprofen 10% kit, and Relpax 20 mg tablet 1 tablet daily for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch (700mg/patch) #30 with one Refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The CA MTUS on Topical Analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. It is noted the patient continues to be prescribed both antidepressants and anticonvulsants. The patient has been prescribed Lidoderm 5% patch since at least September of 2013 without any documented functional benefit as a result. Progress notes identify the patient to have continued limitations in self-care and hygiene, activity, ambulation, hand function, and sleep. The request does not specify frequency of application. Additionally, as there does not appear to be any documented functional benefit as a result and there has not been failure of first-line oral agents, Lidoderm 5% Patch (700mg/patch) #30 with one Refill is not medically necessary and appropriate.

Lyrica 75mg Capsule #90 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

Decision rationale: The CA MTUS regarding anti-epilepsy drugs states Recommended for neuropathic pain (pain due to nerve damage). 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 (AEDs) Antiepileptic Drugs depends on improved outcomes versus tolerability of adverse effects. Utilization of antiepileptics is endorsed by evidence-based medicine criteria as a treatment option for chronic neuropathic pain. In the current clinical context, documentation identifies a prescription of these medications, but does not identify that there has been significant functional benefit that would support ongoing use. Progress notes identify the patient to have continued limitations in self-care and hygiene, activity, ambulation, hand function, and sleep. The patient has not returned to work. Additionally, refills would not be supported as there should be ongoing monitoring of analgesic benefit in addition to functional benefit. The request does not specify frequency of dosing. Therefore, the request for Lyrica 75mg Capsule #90 with 1 Refill is not medically necessary and appropriate.

Relpax 20mg Tablet #30 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: ODG guidelines regarding Triptans states Recommended for migraine sufferers. Triptans are supported for the treatment of migraine headaches. In this case, although the patient is diagnosed with headaches, these are not documented as migraine headaches. There is no description of headache symptoms, frequency, or duration, nor is there a description of efficacy with the use of Relpax or any associated functional benefit as a result of use. Additionally, refills would not be supported as there should be ongoing monitoring of analgesic benefit in addition to functional benefit. The request does not specify frequency of dosing. Therefore, the request for Relpax 20mg Tablet #30 with 1 Refill is not medically necessary and appropriate.

Cymbalta 30mg Capsule #60 with one Refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines regarding antidepressants for chronic pain indicates Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Non-neuropathic pain: Recommended as an option in depressed patients, but effectiveness is limited. This patient has chronic pain with a

neuropathic component, yet documentation does not adequately describe any functional benefit as a result of use of Cymbalta. As was noted in the prior utilization review denial, combining Triptans with selective serotonin and norepinephrine reuptake inhibitors (SNRIs) places the patient at risk for serotonin syndrome, which can be lethal. Additionally, refills would not be supported as there should be ongoing monitoring of analgesic benefit in addition to functional benefit. The request does not specify frequency of dosing. Therefore, Cymbalta 30mg Capsule #60 with one Refill is not medically necessary and appropriate.