

<b>Case Number:</b>	CM14-0087811		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/11/2002
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 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:

The patient is a 47 year old female with date of injury 7/11/02. The treating physician report dated 5/20/14 indicates that the patient presents with pain affecting the cervical spine with increased anxiety due to pain which makes her skin feel like "crawling." The physical examination findings reveal neck ROM is limited in all directions with 5/5 upper extremity muscle strength on the right and 4/5 on the left with tenderness to palpation in the upper arm and along the cervical spinous processes. The current diagnoses are: 1.Cervicalgia, 2. Myalgia, 3.Unspecified muscle ligament disorder. The utilization review report dated 5/30/14 denied the request for Maxalt, Cymbalta, Wellbutrin, Gralise, Trazadone and Effexor based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Maxalt 10 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs. Com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines, Head chapter for Triptans.

**Decision rationale:** The patient presents with chronic pain affecting the cervical spine and associated anxiety. The current request is for Maxalt 10 mg #90. The treating physician report dated 5/20/14 does not diagnose the patient with migraine headaches and there is no subjective complaints of migraine headaches. The MTUS Guidelines do not address Maxalt. The ODG Guidelines state that triptans such as Maxalt are effective and well tolerated for the treatment of migraine headaches. In this case the treating physician has failed to document any history of migraine headaches and the only mention in the 5/20/14 report states, "Continue with current meds, Maxhalt 10mg #9 1 PO at onset of migraine. Without any documented history of migraine headaches, prior response to the usage of Maxalt and an accurate quantity of medications requested the current request does not meet the MTUS standards of proper documentation regarding medication usage. Therefore, the request for Maxalt 10mg #90 is not medically necessary.

**Cymbalta 60 mg #30:** Overturned

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

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

**Decision rationale:** The patient presents with chronic pain affecting the cervical spine and associated anxiety. The current request is for Cymbalta 60 mg #30. The treating physician has documented that the patient is dealing with increased anxiety due to her chronic pain. The MTUS Guidelines support the usage of Cymbalta for the treatment of anxiety. The treating physician does not provide much in the way of documentation of previous usage of Cymbalta as recommended by MTUS on page 8. However, because the treating physician has documented a flaring of anxiety and MTUS supports Cymbalta for the treatment of anxiety this request is supported. Future consideration of continuation of medications requires proper documentation of improved function, decreased pain, or improved quality of life. The request for Cymbalta 60mg #30 is medically necessary.

**Wellbutrin XL 150 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WELLBUTRIN ; Page(s): 16; 13-14.

**Decision rationale:** The patient presents with chronic pain affecting the cervical spine and associated anxiety. The current request is for Wellbutrin XL 150 mg #60. In review of the treating physician reports dated 11/20/13, 1/15/14, 3/12/14 and 5/20/14 the treating physician has repeatedly prescribed Wellbutrin without documenting any rationale for the prescription or any specific response to the medication. The MTUS guidelines state that Bupropion (Wellbutrin) is recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic

pain. MTUS page 8 states that the physician needs to periodically review the patient's response to medications and document the effectiveness of the prescribed medications. There is nothing in the reports provided to indicate the effectiveness of the Wellbutrin that has continued to be prescribed for at least 6 months. The request is not medically necessary.

**Gralise 600 mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin.

**Decision rationale:** The patient presents with chronic pain affecting the cervical spine and associated anxiety. The current request is for Gralise 600 mg #90. The treating physician reports reviewed do not diagnose the patient with radicular pain and there are no findings suggestive of neuropathic pain. The MTUS guidelines for the usage of Gralise (Gabapentin) state that it is indicated for the treatment of neuropathic pain. Based on the MTUS guidelines and the limited documentation provided by the treating physician, the request for Gralise is not supported. The request is not medically necessary.

**Trazadone 300 mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with chronic pain affecting the cervical spine and associated anxiety. The current request is for Trazadone 300 mg #30. The patient does not have any diagnosis found for insomnia, depression or fibromyalgia. The MTUS Guidelines do not address Trazodone. The ODG guidelines recommend Trazodone as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The treating physician has repeatedly prescribed this medication without providing any documentation of the effects of the medication as recommended on page 8 of the MTUS guidelines. There is no supporting documentation found in the reports provided to meet the criteria as outlined in the ODG guidelines. The request is not medically necessary.

**Effexor XR 75 mg #60: Overturned**

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

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

**Decision rationale:** The patient presents with chronic pain affecting the cervical spine and associated anxiety. The current request is for Effexor XR 75 mg #60. The treating physician has documented that the patient is dealing with increased anxiety due to her chronic pain. The MTUS Guidelines support the usage of Effexor for the treatment of anxiety. The treating physician does not provide much in the way of documentation of previous usage of Effexor as recommended by MTUS on page 8. However, because the treating physician has documented a flaring of anxiety and MTUS supports Effexor for the treatment of anxiety this request is supported. Future consideration of continuation of medications requires proper documentation of improved function, decreased pain, or improved quality of life. The request for Effexor XR 75 mg #60 is medically necessary.