

Case Number:	CM14-0117920		
Date Assigned:	08/06/2014	Date of Injury:	04/14/2010
Decision Date:	03/23/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Tennessee, Mississippi

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 54-year-old female who has submitted a claim for lumbago, chronic pain syndrome, cervicgia, right elbow lateral ulnar collateral ligament tear, right shoulder progressive glenohumeral arthritis, cervical disc degeneration, and documented history of Sjgren's syndrome and rheumatoid arthritis, currently in remission under treatment associated with an industrial injury date of 4/14/2010. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the left lower extremity, rated 4 to 9/10 in severity. Pain did not respond well to exercise, muscle relaxants, and NSAIDs. Patient reported that the use of Butrans patch helped with reduction of Percocet use. This likewise resulted to her ability to perform activities of daily living, such as engaging in social activities. Patient reported that Butrans patch allowed pain reduction from 9 to 10/10 in severity into 0-1/10. Use of transdermal formulation of medication however resulted to blister formation, without improvement noted even with Fluticasone use. Patient likewise reported neck pain, associated with tingling sensation, rated 6/10 in severity. No aberrant drug behavior was noted. There was a previous attempt to pain medications, however, patient was unable to work or function afterwards. Physical examination showed a positive straight leg raise test on the left. Tenderness was noted at the left greater trochanter and paracervical muscles. Neck exam showed restricted motion with positive Spurling's maneuver on the left. Muscle rigidity of trapezius was noted. Taut bands and positive twitch response were likewise present. There was no evidence of prior blistering erythematous rash under patch site. Urine drug screen from 7/9/2014 showed consistent results with prescribed medications. Treatment to date has included knee arthroscopy on 8/22/2013, lumbar epidural

steroid injection, cervical epidural steroid injection, trochanteric bursa injections, cognitive behavioral therapy sessions, use of a TENS unit, lidocaine injections, and medications such as Abilify, Fluticasone, baclofen, Cardizem, CellCept, Cymbalta, Feldene, gabapentin, lidocaine patch, Protonix, mirtazapine, and Plaque nil (all since March 2014). Patient was likewise on Percocet, Ambien, and Butrans patch (all since January 2013). Progress report from 7/9/2014 stated that Abilify and Amrix had been discontinued due to lack of efficacy. Use of Butrans patches 15mcg/hour patch and Butrans 5 mcg/hour patch were shifted into Butrans 20mcg/hour patch once weekly. Progress report from 3/5/2014 stated that patient had a documented history of Sjgren's syndrome and rheumatoid arthritis, currently in remission under treatment. Cymbalta was prescribed for mood disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) monthly follow up visits for medication management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits and Medications for Subacute and Chronic Pain

Decision rationale: As stated on pages 7-8 of CA MTUS Chronic Pain Medical Treatment Guidelines, using medications in the treatment of pain requires a thorough understanding of the mechanism underlying the pain as well as to identify comorbidities that might predict an adverse outcome. Choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, a pain management specialist is seeing the patient for her lumbago and cervicgia. She was last seen on 07/09/2014. Patient was prescribed pain medications and epidural steroid injections. Frequent monitoring of patient's response to current treatment regimen is paramount in managing chronic pain conditions. However, there is no discussion as to why 6 follow-up visits should be certified at this time. Previous utilization review likewise certified four visits already. Therefore, the request is not medically necessary.

Abilify 5mg with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MC Consult Drug Monograph

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Aripiprazole (Abilify)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. As per ODG, Aripiprazole is not recommended as a first-line treatment. It is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. In this case, patient has been on Abilify since March 2014 for mood disorder. However, there is no evidence of functional improvement from medication use. Furthermore, progress report from 7/9/2014 stated that Abilify had been discontinued. There is no clear indication for certifying Abilify at this time. Therefore, the request is not medically necessary.

Fluticasone prop 50mcg spray Mcg/actuation with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Fluticasone (Flovent[®])

Decision rationale: CA MTUS does not specifically address fluticasone. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that inhaled corticosteroids such as fluticasone are recommended as a first-line choice for asthma. The topical corticosteroids constitute a class of primarily synthetic steroids used as anti-inflammatory and anti-pruritic agents. In this case, fluticasone spray was prescribed secondary to blister formation from Butrans patch use. However, progress report from 9/7/2014 stated that there was no improvement with corticosteroid use. Moreover, the most recent physical examination stated that there was no evidence of blistering erythematous rash under patch site. There is no clear indication for its continued use. Therefore, the request is not medically necessary.

Baclofen 20mg tab, 1 PRN spasm with 3 refills: Upheld

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

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

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on baclofen since March 2014. However, there is no discussion concerning symptom relief and functional improvement from medication use. Moreover, long-term use of muscle relaxant is not recommended. Therefore, the request for Baclofen 20mg tab, 1 PRN spasm with 3 refills is not medically necessary.

Butrans 15mcg/hr patch, 1 weekly with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: Page 26-27 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that buprenorphine is recommended for treatment of opiate addiction, and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, patient has been prescribed Butrans patch since January 2013. Patient reported that the use of Butrans patch helped with reduction of Percocet use. This likewise resulted to her ability to perform activities of daily living, such as engaging in social activities. Patient reported that Butrans patch allowed pain reduction from 9 to 10/10 in severity into 0-1/10. Use of transdermal formulation, however, resulted to blister formation. The medical necessity for its use has been established. However, the most recent progress report from 7/9/2014 stated that both Butrans 15mcg/hour patch and Butrans 5mcg/hour patch were shifted into Butrans 20mcg/hour patch, instead. There is no clear indication for certifying this request at this time. Therefore, the request for Butrans 15mcg/hr patch, 1 weekly with 3 refills is not medically necessary.

Butrans 5mcg/hr patch, 1 weekly with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: Page 26-27 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that buprenorphine is recommended for treatment of opiate addiction, and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, patient has been prescribed Butrans patch since January 2013. Patient reported that the use of Butrans patch helped with reduction of Percocet use. This likewise resulted to her ability to perform activities of daily living, such as engaging in social activities. Patient reported that Butrans patch allowed pain reduction from 9 to 10/10 in severity into 0-1/10. Use of transdermal formulation, however, resulted to blister formation. The medical necessity for its use has been established. However, the most recent progress report from 7/9/2014 stated that both Butrans

15mcg/hour patch and Butrans 5mcg/hour patch were shifted into Butrans 20mcg/hour patch, instead. There is no clear indication for certifying this request at this time. Therefore, the request for Butrans 5mcg/hr patch, 1 weekly with 3 refills is not medically necessary.

Percocet 10-325mg tab with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Percocet since January 2013. This resulted to significant decreased pain severity, and subsequent increased ability to perform activities of daily living. Previous attempt to wean medications was unsuccessful. Urine drug screen from 7/9/2014 showed consistent results with prescribed medications. There was likewise absence of aberrant drug behavior. The medical necessity for continuing opioid management was established. However, the present request as submitted failed to specify quantity to be dispensed. The request was incomplete; therefore, the request for Percocet 10-325mg tab with 3 refills was not medically necessary.

Ambien CR 12.5mg tab, #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. The Official Disability Guidelines state that zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, patient has been on Ambien since March 2014. However, there is no documentation concerning functional improvement derived from its use. Moreover, there is no discussion concerning sleep hygiene. Long-term use is likewise not recommended. Therefore, the request for Ambien CR 12.5mg tab, #30 with 3 refills is not medically necessary.

Cardizem LA 420mg with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug monograph

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US Food and Drug Administration (Cardizem)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence, hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the US Food and Drug Administration was used instead. Cardizem is a calcium influx inhibitor and is primarily used for angina due to coronary artery spasm and exertional angina. In this case, Cardizem has been prescribed since March 2014. However, medical records submitted and reviewed failed to provide clear indication for its use. There is no subjective report of chest pain or any other objective findings pertaining to the cardiovascular system that may support its use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Cardizem LA 420mg with 3 refills is not medically necessary.

CellCept 500mg tab, 1500mg BID with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com (www.drugs.com/cdi/mycophenolate-mofetil.html)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US Food and Drug Administration, CellCept; and Mycophenolate Sodium Treatment in Patients with Primary Sjogren's Syndrome: A Pilot Trial, Arthritis Res Ther. 2007; 9(6); R115

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence, hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the US Food and Drug Administration was used instead. CellCept is Mycophenolate Mofetil, which has been demonstrated to prolong survival of allogeneic transplants. It has been demonstrated to inhibit immunologically mediated inflammatory responses and to inhibit tumor development. An online article entitled, "Mycophenolate Sodium (MPS) Treatment in Patients with Primary Sjogren's Syndrome (pSS) " stated that MPS can improve symptoms and laboratory findings in patients with active pSS. The optimum systemic treatment of pSS is still unclear. Although no controlled study has been performed so far, MPS was suggested as sole or adjuvant treatment for pSS in a recent pilot review. In this case, patient has been on CellCept since March 2014. There was a note from 3/5/2014 stating that patient had a documented history of Sjogren's syndrome and rheumatoid arthritis, currently in remission under treatment. However, recent progress reports failed to provide evidence of monitoring of signs and symptoms pertaining to Sjogren's syndrome. The intended duration of treatment is likewise unclear due to insufficient documentation. The request likewise failed to specify quantity to be dispensed. Therefore, the request for CellCept 500mg tab, 1500mg bo BID with 3 refills is not medically necessary.

Cymbalta 60mg capsule, 90mg po qHS with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. In this case, patient has been on Cymbalta since March 2014 for neuropathic pain, as well as mood disorder. However, there is no documentation concerning objective functional improvement from medication use. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Cymbalta 60mg capsule, 90mg po qhs with 3 refills is not medically necessary.

Feldene 20mg capsule with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Therefore, the request for is not medically necessary. In this case, patient has been on Feldene capsule since March 2014. However, progress report from 7/9/2014 stated that pain did not respond well to NSAID use. There is no clear indication for its continuing prescription. Moreover, long-term use is not recommended. The request also failed to specify quantity to be dispensed. Therefore, the request for Feldene 20mg capsule with 3 refills is not medically necessary.

Gabapentin 600mg tab, 1200 mg po TID with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line

option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on gabapentin since March 2014 for neuropathic pain. However, there is no documentation concerning pain relief and functional improvement derived from its use. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Gabapentin 600mg tab, 1200 mg po TID with 3 refills is not medically necessary.

Lidocaine 5% patch (700mg/patch) with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57.

Decision rationale: Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, records reviewed showed that the patient was on Lidoderm patch since March 2014 for neuropathic pain. Lidocaine patch was started due to persistence of symptoms despite gabapentin. However, there is no documentation concerning pain relief and functional improvement derived from its use. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Lidocaine 5% patch (700mg/patch) with 3 refills is not medically necessary.

Plaquenil 200mg tablet, 499 mg po qHS with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug monograph

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US Food and Drug Administration, Plaquenil

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence, hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the US Food and Drug Administration was used instead. Hydroxychloroquine sulfate (Plaquenil) is a drug that possesses anti-malarial actions and also exerts a beneficial effect in lupus erythematosus (chronic discoid or systemic) and acute or chronic rheumatoid arthritis. In this case, patient has been on Plaquenil since March 2014. There was a note from 3/5/2014 stating that patient had a documented history of Sjgren's syndrome and rheumatoid arthritis, currently in remission under treatment. However, recent progress reports failed to provide evidence of monitoring of signs and symptoms pertaining to rheumatoid arthritis. The intended duration of treatment is likewise unclear due to insufficient documentation. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Plaquenil 200mg tablet, 499 mg po qhs with 3 refills is not medically necessary.