

Case Number:	CM14-0165392		
Date Assigned:	10/09/2014	Date of Injury:	01/18/2010
Decision Date:	01/08/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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 Interventional Spine 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 34-year-old female with date of injury of 01/18/2010. The listed diagnoses per [REDACTED] from 09/12/2014 are: 1. Diffuse cervicobrachial syndrome; 2. Chronic pain due to injury; 3. Dysthymia; 4. Dizziness; 5. Headache; 6. Spasm; 7. Morbid obesity; 8. Muscle pain; 9. Shoulder joint pain; 10. Sprain of the rotator cuff; 11. Cervical spondylosis without myelopathy; 12. Sprain of the shoulder and upper arm; 13. Degeneration of the cervical intervertebral disk; 14. Insomnia; 15. Neck sprain; 16. Brachial radiculitis; 17. Thoracic back sprain; and 18. Cervical radiculopathy. According to this report, the patient complains of right lateral neck, right posterior neck, right shoulder, right arm, and right upper back pain. The patient describes the pain as aching, stabbing, and numbing. Aggravating factors include bending and daily activities. She currently rates her pain 9/10 without medication and 5/10 with medication use. She states that with medications, she is able to work, volunteer, stay active 8 hours daily, and take part of family life. The examination shows there is crepitus present in the right shoulder. Tenderness was noted on the right subacromial. Hawkins' sign is positive on the right. Neer's sign is positive on the right. Right trapezius and levator scapula circumscribed taut bands twitching with palpation. There is atrophy on the right shoulder. Strength test is normal. The documents include a chest x-ray from 03/17/2014 and QME reports from 07/15/2014 and 08/02/2014. The utilization review denied the request on 09/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax .25mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: This patient presents with neck, right shoulder, right arm, and right upper back pain. The treating physician is requesting Xanax 0.25 mg. The MTUS Guidelines state that benzodiazepines are not recommendation for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The records show that the patient was prescribed Alprazolam on 03/12/2014. The MTUS Guidelines do not support the long-term use of benzodiazepines. Therefore, the request is not medically necessary.

Chem 19: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine/National Institute of Health

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: This patient presents with neck, right shoulder, right arm, and right upper back pain. The treating physician is requesting Chem 19. The California MTUS, ACOEM, and Official Disability Guidelines do not specifically discuss routine CBC testing. However, the Chronic Pain Medical Treatment Guidelines does discuss periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests). Guidelines states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, that there has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The patient's current list of medications includes: Glyburide, Metformin, Tramadol, Cymbalta, Alprazolam, and Cyclobenzaprine. The records do not show any previous CBC or blood test. Given the list of meds and the patient's medical conditions, the requested lab would appear medically reasonable. Therefore, the request is medically necessary.

Cymbalta 30mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines selective serotonin and norepinephrine reuptake inhibitors (SNRIs); medication on chronic pain P.

Decision rationale: This patient presents with neck, right shoulder, right arm, and right upper back pain. The treating physician is requesting Cymbalta 30 mg 1 per day. The MTUS Guidelines pages 16 and 17 on selective serotonin and norepinephrine reuptake inhibitors (SNRIs) on duloxetine (Cymbalta) state that it is used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Cymbalta on 06/02/2014. The 09/12/2014 report notes that the patient's pain level without medication is 9/10 and with medication is 5/10. With medication, the patient is able to work, volunteer, and stays active for 8 hours daily and is able to take part in family life and social activities. In this case, the treating physician has documented medication efficacy and the continued use of Cymbalta is reasonable. Therefore, the request is medically necessary.

Referral to Clinical Psychology (2 times per month for 12 months): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral intervention Page(s): 23.

Decision rationale: This patient presents with neck, right shoulder, right arm, and right upper back pain. The treating physician is requesting 24 psychiatric referrals. The MTUS Guidelines page 23 on behavioral intervention states that it is recommended in the identification and reinforcement of coping skills in the treatment of pain. ODG recommends an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement up to a total of 6 to 10 visits over 5 to 6 weeks. The treating physician notes on 09/12/2014 that the patient has mild residual anxiety and is requesting 12 psychiatric treatments 2x per month individual or group therapy with prescription of psychotropic medications. The records do not show any psychiatric treatment reports to verify how many sessions the patient has had and with what results. In this case, while the patient can benefit from an initial trial of psychotherapy, the requested 24 sessions exceeds ODG's recommended initial 3 to 4 visits. A referral to a psychiatrist may be reasonable to manage the patient's psychotropic medication, but this request appears to refer both to individual treatments and psychiatric management. MTUS allows for initial treatment of 3-4 visits and the request as whole cannot be recommended. Therefore, the request is not medically necessary.

CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine/National Institute of Health

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: This patient presents with neck, right shoulder, right arm, and right upper back pain. The current request is for CBC. The California MTUS, ACOEM, and Official Disability Guidelines do not specifically discuss routine CBC testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The patient's current list of medications includes: Glyburide, Metformin, Tramadol, Cymbalta, Alprazolam, and Cyclobenzaprine. The records do not show any previous CBC or blood test. In this case, the treating physician has not prescribed NSAIDs and MTUS does not support CBC lab monitoring for other prescribed medications. Therefore, the request is not medically necessary.

GGT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine/National Institute of Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation <http://labtestsonline.org>

Decision rationale: This patient presents with neck, right shoulder, right arm, and right upper back pain. The current request is for GGT. The California MTUS, ACOEM, and Official Disability Guidelines do not discuss GGT testing. <http://labtestsonline.org> states that "the gamma-glutamyl transferase (GGT) test may be used to determine the cause of elevated alkaline phosphatase (ALP). The GGT test is sometimes used to help detect liver disease and bile duct obstructions." MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile, including liver and renal function tests." In this case, the patient has not been prescribed NSAIDs that would support the request for hepatic testing and the physician does not provide any medical rationale that would give credence to the request as being medically necessary. Given the lack of documentation of medical necessity and no documentation of any red flags or concerns regarding hepatic issues, recommendation cannot be made. Therefore, the request is not medically necessary.

EIA with Alcohol and RFLX Urine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug test Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug screen

Decision rationale: This patient presents with neck, right shoulder, right arm, and right upper back pain. The current request is for E1A with alcohol and RFLX urine. Enzyme Immunoassay with alcohol and reflex testing is a urine drug-screening panel. While the Chronic Pain Medical Treatment Guidelines does not specifically address how frequent UDS should be obtained or various risks of opiate users, the Official Disability Guidelines provide clear recommendation. Official Disability Guidelines under its pain chapter discussion Urine Drug Screen and states that once-yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients is recommended. In this case, the treating physician's progress reports indicate that random urine drugs are performed. The most recent UDS provided for review is from April 2014. The result of this screening was not discussed. Given the patient's recent UDS, further testing including an EIA with alcohol and reflex is not medically necessary. Therefore, the request is not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS 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) Pain chapter, Urine drug screen

Decision rationale: This patient presents with neck, right shoulder, right arm, and right upper back pain. The current request is for Urine. Progress report dated 9/12/14 indicates that the request is for an UDS. While the California MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, Official Disability Guidelines provide clear recommendation. Official Disability Guidelines recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. Review of the medical file indicates the patient was administered a urine drug screen on 4/5/14 and no other recent screenings have been provided. Official Disability Guidelines states once a year screening should be sufficient in low-risk patients, and it should be done on a random basis. In this case the treating physician has not documented any red flags for drug abuse that require frequent drug screening and the patient has previously had a urine drug screen in 2014. Therefore, the request is not medically necessary.

Tramadol 37.5-325: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with neck, right shoulder, right arm, and right upper back pain. The current request is for Tramadol 37.5-325. Request for Authorization (RFA) dated 9/15/14 states that the request is for "Tramadol 37.5mg-325 1-2 tabs q4-6 hrs prn" #120 with 1

refill. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates that the patient has been utilizing Tramadol since at least 1/17/14. Progress report 3/12/14, states that the patient's pain level is decreased from a 9/10 to 7/10 with current medications. With medications, the patient is able to work/volunteer for eight hours daily and take part in family activities. Without medication, her work/volunteer hours are decreased to 6 hours per day and she has minimal energy for social activities. On 8/6/14, the patient reported decrease of pain from 8/10 to 6/10 with medications. It was noted that the patient continues to work full-time. Report dated 9/12/14 states that UDS, CURES and opiate contract are on file. No aberrant activity was noted. The treating physician states that there is no potential aberrant drug-related behavior and the patient is tolerating the medications well. Given the efficacy of this medication and the treating physician's sufficient documentation for opiate management, therefore, the request is medically necessary.

TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: This patient presents with neck, right shoulder, right arm, and right upper back pain. The current request is for TSH. The California MTUS, ACOEM, and Official Disability Guidelines do not specifically discuss routine Lab testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile, including liver and renal function tests." MTUS Guideline states monitoring of CBC is recommended when patient is taking NSAIDs. In this case, the treating physician does not provide a rationale for a TSH lab test. The ACOEM guidelines state that individuals with hand, wrist and forearm complaints often have underlying disorders and/or diseases such as hypothyroidism, but the treating physician has failed to document any rationale for this request. There is no discussion of possible thyroid issues to consider a TSH lab test. Therefore, the request is not medically necessary.

Cyclobenzaprine HCL 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

Decision rationale: This patient presents with neck, right shoulder, right arm, and right upper back pain. The current request is for Cyclobenzaprine HCL 5mg. Request for Authorization (RFA) dated 9/15/14 states that the request is for Cyclobenzaprine HCL 5mg, 1 po QHS #30. The MTUS Guidelines page 64 states that cyclobenzaprine is recommended for short-course of therapy. Limited mixed evidence does not allow for the recommendation for chronic use. Review of the medical file indicates that the patient was first prescribed Cyclobenzaprine on 8/6/14. In this case, the patient has been prescribed muscle relaxants for long-term use, which is not supported by MTUS. Therefore, the request is not medically necessary.

Cymbalta 20mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: This patient presents with neck, right shoulder, right arm, and right upper back pain. The current request is for Cymbalta 20mg. Request for Authorization (RFA) dated 9/15/14 states that the request is for Cymbalta 20mg #30. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy." In this case, the patient is prescribed Cymbalta for her neuropathic. Progress reports 3/12/14, 8/6/14 and 9/12/14 provide a before and after pain scale to denote a decrease in pain with medications. The patient is able to work full time with current medication regimen, which includes Cymbalta. Given Cymbalta is a first-line option for neuropathic pain and the treating physician has reported efficacy of medications, therefore, the request is medically necessary.

Cyclobenzaprine, Serum/Plasma: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine/National Institute of Health

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, Urine drug screen

Decision rationale: This patient presents with neck, right shoulder, right arm, and right upper back pain. The current request is for Cyclobenzaprine, serum/plasma. Cyclobenzaprine, serum/plasma is a blood test to determine serum/plasma levels of cyclobenzaprine. The Official Disability Guidelines states that urine drug testing is, "Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances." In this case, the patient has previously been given a urine drug screen and there is no medical rationale provided in the medical records provided to warrant

additional blood screening for cyclobenzaprine. Additionally the current request of cyclobenzaprine has been denied so the request for testing for the medication is not warranted. Therefore, the request is not medically necessary.