

Case Number:	CM14-0189891		
Date Assigned:	11/21/2014	Date of Injury:	10/02/2007
Decision Date:	02/03/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/13/2014

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 Rehab, 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 64 year old male with an injury date on 10/02/2007. Based on the 09/12/2014 progress report provided by the treating physician, the diagnoses are: 1. Chronic pain D/T trauma 2. Chronic pain syndrome 3. Osteoarthritis, unspecified whether generalized or localize, involving upper arm According to this report, the patient complains of "joint pain." Physical exam reveals tenderness at the left olecranon process. Obrien's test, Speed's test, and Yergason's are positive. The 09/04/2014 report indicates patient's pain is a 10/10 and "pain is worse in bilateral shoulders and elbows." The 08/15/2014 report indicates patient's pain is an 8/10 and is "able to complete all ADL's with minimal discomfort." The patient is also noted to have depression and insomnia. There were no other significant findings noted on this report. The utilization review denied the request for (1) prescription of Clonazepam 1mg #60 with 11 refills, (2) Cymbalta 30mg #30 with 11 refills, (3) Doxepin 25mg #30 with 11 refills, (4) Hydrocodone/APAP 10/325mg #120 with 11 refills, (5) Lidoderm 5% patches #30 with 11 refills, (6) Mirtazapine 30mg #30 with 11 refills, (7) Morphine ER 30mg #30 with 11 refills, (8) Seroquel 400mg #60 with 11 refills, and (9) Sertaline 50mg #60 with 11 refills on 10/22/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 05/16/2014 to 09/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Clonazepam 1mg #60 with 11 refills: Upheld

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

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

Decision rationale: According to the 09/12/2014 report, this patient presents with "joint pain." Per this report, the current request is for 1 prescription of Clonazepam 1mg #60 with 11 refills. MTUS guidelines page 24, do not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. Review of reports show the patient has been prescribed Clonazepam since 05/16/14 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The treating physician does not mention that this is for a short-term use. MTUS does not support long-term use of this medication. Therefore, the request is not medically necessary.

1 prescription of Cymbalta 30mg #30 with 11 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs), Duloxetine (Cymbalta) Page(s).

Decision rationale: According to the 09/12/2014 report, this patient presents with "joint pain." Per this report, the current request is for 1 prescription of Cymbalta 30mg #30 with 11 refills. This medication was first mentioned in the 09/04/2014 report. 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 depression. The MTUS guidelines support the usage of Cymbalta for the treatment of depression and the physician noted that there was some improvement with this medication. The request is medically necessary.

1 prescription of Doxepin 25mg #30 with 11 refills: 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) Pain (Chronic) Chapter, Insomnia treatment

Decision rationale: According to the 09/12/2014 report, this patient presents with "joint pain." Per this report, the current request is for 1 prescription of Doxepin 25mg #30 with 11 refills.

Doxepin is used to treat insomnia (trouble sleeping) in patients who have trouble staying asleep. It may also be used for other conditions as determined by your doctor. Regarding insomnia treatments, Official Disability Guidelines state "Recommend that treatment be based on the etiology.. and specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Review of reports, the treating physician provided no discussion on patient's sleep onset; sleep maintenance; sleep quality; and next-day functioning as required by the guidelines. Therefore, the request is not medically necessary.

1 prescription of Hydrocodone/APAP 10/325mg #120 with 11 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-98; 76-78.

Decision rationale: According to the 09/12/2014 report, this patient presents with "joint pain." Per this report, the current request is for 1 prescription of Hydrocodone/APAP /10/325mg #120 with 11 refills. This medication was first mentioned in the 07/16/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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 reports mentions that the patient "is able to ascend/descend stairs, complete community errands, complete cooking activities, don/doff shirt/jacket, don/doff shoes, drive, get into/out of bathtub, get in and out of vehicle, reach for seatbelt, sit mins, sleep on affected side, sleep better, squat/kneel for ADLs, stand from a seated position, style hair, tuck in shirt, walk household distance, walk community distance, walk mins, was armpits, wash back and wash hair." There is "no adverse effects noted with medications." In this case, the reports show documentation of pain assessment ranging from 10/10 to 8/10 but no before and after analgesia is provided. ADL's are documented as mentioned above. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to properly document the 4 A's as required by MTUS. Therefore, the request is not medically necessary.

1 prescription of Lidoderm 5% patches #30 with 11 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream; Medication for Chronic Pain Page(s): 111-113; 60.

Decision rationale: According to the 09/12/2014 report, this patient presents with "joint pain." Per this report, the current request is for 1 prescription of Lidoderm 5% patches #30 with 11 refills. Lidoderm patch was first mentioned in the 05/16/2014 report. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the reports show that the patient has localized, peripheral upper extremity pain without neuropathic pain. Furthermore, the treating physician does not discuss how this patch is used and with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Therefore, the request is not medically necessary.

1 prescription of Mirtazapine 30mg #30 with 11 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Anxiety medications

Decision rationale: According to the 09/12/2014 report, this patient presents with "joint pain." Per this report, the current request is for 1 prescription of Mirtazapine 30mg #30 with 11 refills. Mirtazapine is classified as an anti-depressant. The MTUS page 13 states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The guideline further states "Osteoarthritis: No studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. (Perrot, 2006) In depressed patients with osteoarthritis, improving depression symptoms was found to decrease pain and improve functional status. (Lin-JAMA, 2003)." Official Disability Guidelines Pain chapter, under anxiety medications in chronic pain states, "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis" and specifically addresses Remeron as a second-line antidepressant. Review of reports show the patient suffers from Osteoarthritis of the upper extremities with depression and insomnia. However, the treating physician provided no discussion as to what this medication is being prescribed for. It would appear that it's used for the patient's chronic pain, depressions and/or insomnia which may be appropriate. However, the provider does not discuss efficacy. There is no explanation as to how this medication is effective in managing any of the patient's current condition. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. The request is not medically necessary.

1 prescription of Morphine ER 30mg #30 with 11 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-61; 88-89; 76-78.

Decision rationale: According to the 09/12/2014 report, this patient presents with "joint pain." Per this report, the current request is for 1 prescription of Morphine ER 30mg #30 with 11 refills. This medication was first mentioned in the 05/16/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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 reports mentions that the patient "is able to ascend/descend stairs, complete community errands, complete cooking activities, don/doff shirt/jacket, don/doff shoes, drive, get into/out of bathtub, get in and out of vehicle, reach for seatbelt, sit mins, sleep on affected side, sleep better, squat/kneel for ADLs, stand from a seated position, style hair, tuck in shirt, walk household distance, walk community distance, walk mins, was armpits, wash back and wash hair." There is "no adverse effects noted with medications." In this case, the reports show documentation of pain assessment ranging from 10/10 to 8/10 but no before and after analgesia is provided. ADL's are documented as stated above. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to properly document the 4 A's as required by MTUS. Therefore, the request is not medically necessary.

1 prescription of Seroquel 400mg #60 with 11 refills: 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) Mental Illness & Stress Chapter, Quetiapine (Seroquel)

Decision rationale: According to the 09/12/2014 report, this patient presents with "joint pain." Per this report, the current request is for 1 prescription of Seroquel 400mg #60 with 11 refills. Regarding antipsychotic medications, Official Disability Guidelines states "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG." The guidelines go on and state "off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. (Jin, 2013)." Review of reports show that the patient has been taking this medication since 05/12/2014. However, the treating physician provided no discussion on whether or not this

medication is doing anything for the patient's pain and function. MTUS require documentation of pain and function when medications are used for chronic pain. Therefore, the request is not medically necessary.

1 prescription of Sertaline 50mg #60 with 11 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: According to the 09/12/2014 report, this patient presents with "joint pain." Per this report, the current request is for 1 prescription of Sertraline 50mg #60 with 11 refills. Sertraline is classified as an anti-depressant. The MTUS page 13 states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The guideline further states "Osteoarthritis: No studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. (Perrot, 2006) In depressed patients with osteoarthritis, improving depression symptoms was found to decrease pain and improve functional status. (Lin-JAMA, 2003)." Review of reports show the patient suffers from Osteoarthritis of the upper extremities with depression and insomnia. However, the treating physician provided no discussion on whether or not this medication is doing anything for the patient's pain and function. MTUS require documentation of pain and function when medications are used for chronic pain. Therefore, the request is not medically necessary.