

Case Number:	CM14-0192438		
Date Assigned:	12/01/2014	Date of Injury:	02/10/2005
Decision Date:	01/15/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/19/2014

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 Occupational Medicine and is licensed to practice in Iowa. 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 59 year-old male with a date of injury of 2/10/2005. A review of the medical documentation indicates that the patient is undergoing treatment for headaches and cervical spine pain. Subjective complaints (10/20/2014) include neck stiffness and spasms that radiate down the patient's back and difficulty sleeping. Objective findings (10/20/2014) include tenderness along the occipital ridge; tenderness of the pectoral musculature; tenderness upon palpation of the left shoulder with radiation to the hand and neck; decreased reflexes and strength in left triceps and wrist extensors; decreased coordination in rapid movements on the left side; and hypersensitivity on the left upper extremity. Diagnoses include headache, cervical disc degeneration, migraine, cervico-occipital neuralgia, and rib sprain. The patient has undergone studies to include an electromyography (EMG) on 3/2012 which showed slight carpal tunnel syndrome; MRI showing facet arthritis C2-3, C5-7 vertebral spurring, facet arthrosis, and mild foraminal narrowing; shoulder/thoracic X-rays showing degenerative disease; and sleep study showing mild obstructive sleep apnea. The patient has previously undergone lumbar and cervical epidurals, occipital nerve injections, acupuncture, chiropractic therapy, Botox, functional restoration program, and multiple medication therapy. A Utilization Review dated 11/12/2014 denied the request for Botox injections, and modified the request for Nortriptyline #90 with 1 refill, Lyrica 50 mg #30 with 1 refill, Cymbalta #30 with 1 refill, and Oxycodone IR 5 mg #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections for headaches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 25-26.

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are not recommended for the following: tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. Additionally, MTUS states that Botox injections are only recommended for cervical dystonia, which is a condition that is not generally related to workers' compensation injuries, and chronic low back pain, if a favorable initial response predicts subsequent responsiveness and in conjunction with a functional restoration program. The treating physician states the indication for Botox injections are migraine headaches, which is not recommended per MTUS. The records do state that prior injections were of "some benefit", but details of the prior injections such as the number and detailed response are not provided. Therefore, the request for Botox injections for headaches is not medically necessary.

Nortriptyline #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, TCA's

Decision rationale: Nortriptyline is a tricyclic antidepressant that is also at times used for pain control. According to MTUS guidelines, tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Official Disability Guidelines states that assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known, but has been suggested that if pain is in remission for 3-6 months, a gradual tapering of antidepressants may be undertaken. The treating physician does not clearly indicate the indication for Nortriptyline, although it is presumed to be for neuropathic pain. In the subjective component of the most recent note, the treating physician states that it improves the "electric shock to L arm 8/9 to 5/6." There is no mention of the functional status change on this medication (only a broad indication of status "with meds"). There is no detailing of side effects including how it has affected sleep quality, which is complicated by other sleep difficulties and treatment. The patient has a diagnosis of depression, and it is not clear what role this medication is meant to take in the management of this condition. The patient is also being followed on an approximately monthly basis, and it is not clear why refills are indicated, especially since this medication has only

recently been resumed and the patient had complications (palpitations) when on the medication previously. Therefore, the request for Nortriptyline #90 with 1 refill is not medically necessary.

Lyrica 50mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain

Decision rationale: Lyrica is the brand name for Pregabalin. According to MTUS Chronic Pain Medical Treatment Guidelines, Pregabalin has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Official Disability Guidelines has similar recommendations for first-line therapy. Pregabalin is also approved to treat fibromyalgia. The treating physician states that the medication "decreases the intensity of the occipital headaches and allows him to sleep more comfortable (sic)." The physician states it allows a "couple more hours" of sleep at night and helps neuropathic pain 50%. Treatment for headaches or sleep is not a first-line indication for this medication. Although some improvement in pain is noted, the history is incomplete and there is no mention of the functional status change on this medication (only a broad indication of status "with meds"). The patient is also being followed on an approximately monthly basis, and it is not clear why refills are indicated. Therefore, the request for Lyrica 50 mg #30 with 1 refill is not medically necessary.

Cymbalta 60mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 15-16.

Decision rationale: Cymbalta is the brand name for Duloxetine, which is an anti-depressant medication. According to MTUS guidelines on the utilization of antidepressants for pain, they are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. 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. Regarding Duloxetine, MTUS indicates it is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia, with off-label use for neuropathic pain and radiculopathy that is based on varying quality of evidence. The treating physician states that the indication for the medication is "pain and anxiety" and "burning pain." It is stated that the medication improves pain from "10+ to 5" and "without treatment for anxiety and pain, patient has had suicidal ideation and extreme fear, I don't believe he is suicidal but needs to be on his medications." There is no clear detailing of the history, severity, or previous

treatments for the patient's pain and anxiety. There is also a diagnosis of depression, but no clear indication as to how all of these medications are meant to treat this. The patient is also on tricyclic medication, which would normally be used as first-line therapy for these indications, and there is no detailing of why both medications are necessary. The patient is also being followed on an approximately monthly basis, and it is not clear why refills are indicated. Therefore, the request for Cymbalta 60 mg #30 with 1 refill is not medically necessary at this time.

Oxycodone IR 5mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-96; 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

Decision rationale: Oxycodone is an opioid class pain medication. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. Official Disability Guidelines does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length. The treating physician has not provided rationale for the extended use of this medication, and does not include sufficient documentation regarding the reported pain over time or specific improvement while on this medication. Although some improvement in pain is noted (notes state "helps with neck and arm pain" and "10 to 5-6"), the history is incomplete and there is no mention of the functional status change on this medication, only a broad indication of status "with meds." The main indication appears to be for neuropathic pain, which is not a recommended use. There is also no discussion of failure of first-line medications. The patient is on multiple pain medications, which provides an unclear picture of the total pain management plan. Therefore, the request for Oxycodone IR 5 mg #90 with 1 refill is not medically necessary.