

Case Number:	CM14-0194933		
Date Assigned:	12/02/2014	Date of Injury:	11/07/2011
Decision Date:	01/15/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/20/2014

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 Wisconsin. 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 injured worker is a 52-year-old female who reported an injury on 11/07/2011. The mechanism of injury was not clearly provided. The injured worker's diagnoses include chronic pain syndrome, adhesive capsulitis of the left shoulder, left neck/trapezius pain, and left elbow, forearm, wrist, and hand pain of unknown ideology. The injured worker's past treatments included physical therapy and medications. The injured worker's diagnostic testing included an MRI of the left shoulder performed on 02/19/2013, which was noted to reveal degeneration and subtle fraying of the superior labrum; mild thickening and edema of the axillary pouch; and mild tendinosis of the supraspinatus and infraspinatus tendons without tendon tear. The injured worker's surgical history included a left shoulder arthroscopic capsular release, extensive debridement and general manipulation under anesthesia performed on 05/30/2013. On 09/16/2014, the injured worker complained of neck and right upper extremity pain, left shoulder, and left low back pain. She reported that her left shoulder pain is doing better, but she continued to have some stiffness. She reported doing physical therapy twice a week, and was attempting to do home stretching and exercises. She did have limitations as her right shoulder was still painful, and with stiffness. She also reported worsening stiffness in the right shoulder, along with pain, and was having difficulty putting her hand into her right hip pocket on her pants, similar to her left shoulder before surgery. She reported that the medication that she takes improved her pain to a degree, and her depression, and neuropathic pain. The pain medications were helping her function more effectively, improving her activity tolerance, and reducing her depression. She reported taking all of her medications as prescribed. She did report that she does feel that she does not get enough sleep due to shoulder pain. Upon physical examination, the injured worker was noted with no new reports of weakness or instability. The injured worker was noted with a compliant urine screen as of 07/21/2014. The injured worker was noted with

continued restrictions and range of motion of both shoulders, especially the right, with minimal flexion and abduction. Her current medications were noted to include Effexor 37.5 mg, Lyrica 50 mg, etodolac 500 mg, Elavil 25 mg, baclofen 10 mg, Norco 5/325 mg, and tramadol HCl 50 mg. The request was for Effexor 37.5 mg #30, Lyrica 50 mg #60, etodolac 500 mg #60, Elavil 25 mg #60, baclofen 10 mg #60, Norco 5/325 mg #60, and Tramadol HCl 50 mg #120. The rationale for the request was not clearly provided. The Request for Authorization form was signed and submitted 10/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor 37.5mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines Effexor (Venlafaxin) anti-depressant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor Page(s): 123.

Decision rationale: The request for Effexor 37.5mg #30 with 2 refills is not medically necessary. According to the California MTUS Guidelines, Effexor may be recommended as an option in first line treatment of neuropathic pain. It has FDA approval for treatment of depression and anxiety disorders. It is off label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. 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. Long term effectiveness of antidepressants has not been established. The injured worker complained of pain; however, the pain was not quantified. The documentation did not provide sufficient evidence of the treatment efficacy, including pain outcomes or function. The documentation did not provide sufficient evidence of addressing possible side effects of the medication. In the absence of documentation with sufficient evidence of a significant objective functional increase, documented evidence of an objective decrease in pain, and documented evidence of addressing side effects, the request is not supported. Additionally, as the request was written, there was no frequency provided. As such, the request is not medically necessary.

Lyrica 50mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 19-20.

Decision rationale: The request for Lyrica 50mg #60 with 2 refills is not medically necessary. According to the California MTUS Guidelines, Lyrica 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. This medication is a controlled substance because of its causal relationship with euphoria. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. Pregabalin has been associated with many side effects including edema, CNS depression, weight gain, and blurred vision. Somnolence and dizziness have been reported to be the most common side effects related to tolerability. Withdrawal effects have been reported after abrupt discontinuation. The injured worker complained of pain; however, the pain was not quantified. The documentation did not provide sufficient evidence of the treatment efficacy, including pain outcomes or function. The documentation did not provide sufficient evidence of addressing possible side effects of the medication. In the absence of documentation with sufficient evidence of a significant objective functional increase, documented evidence of an objective decrease in pain, and documented evidence of addressing side effects, the request is not supported. Additionally, as the request was written, there was no frequency provided. As such, the request is not medically necessary.

Etodolac 500mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs Page(s): 71.

Decision rationale: The request for etodolac 500mg #60 with 2 refills is not medically necessary. According to the California MTUS Guidelines, NSAIDs may be recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The documentation indicates that the patient has been taking the medication at least since 12/2012. The injured worker complained of pain; however, the pain was not quantified. The documentation did not provide sufficient evidence of significant objective functional improvement or documented evidence of significant decrease in pain as a result of the medication. The guidelines do not support the chronic use of etodolac. In the absence of documentation with sufficient evidence of significant objective functional improvement, documented evidence of an objective decrease in pain as a result of the medication, and as the guidelines only recommend for short term use, the request is not supported. Additionally, as the request was written, there was no frequency provided. As such, the request is not medically necessary.

Elavil 25mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressants Page(s): 15.

Decision rationale: The request for Elavil 25mg #60 with 2 refills is not medically necessary. According to the California MTUS Guidelines, tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Tricyclic antidepressants have been shown in both meta-analysis and a systematic review to be effective, and are considered a first line treatment for neuropathic pain. The injured worker complained of pain; however, the pain was not quantified. The documentation did not provide sufficient evidence of the treatment efficacy, including pain outcomes or function. The documentation did not provide sufficient evidence of addressing possible side effects of the medication. In the absence of documentation with sufficient evidence of a significant objective functional increase, documented evidence of an objective decrease in pain, and documented evidence of addressing side effects, the request is not supported. Additionally, as the request was written, there was no frequency provided. As such, the request is not medically necessary.

Baclofen 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal) pre- and post-synaptic GABAB receptors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity drugs Page(s): 64.

Decision rationale: The request for baclofen 10mg #60 with 2 refills is not medically necessary. According to the California MTUS Guidelines, Baclofen may be recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. This drug should not be discontinued abruptly. The injured worker complained of pain; however, the pain was not quantified. The documentation did not provide sufficient evidence of the treatment efficacy, including pain outcomes or function. The documentation did not provide sufficient evidence of addressing possible side effects of the medication. In the absence of documentation with sufficient evidence of a significant objective functional increase, documented evidence of an objective decrease in pain, and documented evidence of addressing side effects, the request is not supported. Additionally, as the request was written, there was no frequency provided. As such, the request is not medically necessary.

Norco 5/325mg #60 with 2 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: On-going management Page(s): 78.

Decision rationale: The request for Norco 5/325mg #60 with 2 refills is not medically necessary. According to the California MTUS Guidelines, continuation of opioid therapy may be recommended for patients with ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include a current quantified pain, the least reported pain over the period since last assessment, intensity of pain after taking the opioid, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The injured worker complained of pain; however, the pain was not quantified. The documentation did not include a complete and thorough pain assessment or significant objective functional improvement as a result of the medication. The documentation indicates the injured worker has been using the medication since at least 12/2012. In the absence of documentation with significant objective functional improvement, documented evidence of an objective decrease in pain, the request is not supported. Additionally, as the request was written, there was no frequency provided. As such, the request is not medically necessary.

Tramadol HCL 50mg #120 with 2 refills: Upheld

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

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

Decision rationale: The request for Tramadol HCL 50mg #120 with 2 refills is not medically necessary. According to the California MTUS Guidelines, continuation of opioid therapy may be recommended for patients with ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include a current quantified pain, the least reported pain over the period since last assessment, intensity of pain after taking the opioid, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The injured worker complained of pain; however, the pain was not quantified. The documentation did not include a complete and thorough pain assessment or significant objective functional improvement as a result of the medication. The documentation indicates the injured worker has been using the medication since at least 12/2012. In the absence of documentation with significant objective functional improvement, documented evidence of an objective decrease in pain, the request is not supported. Additionally, as the request was written, there was no frequency provided. As such, the request is not medically necessary.