

Case Number:	CM14-0196287		
Date Assigned:	12/04/2014	Date of Injury:	01/15/2008
Decision Date:	01/23/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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 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 injured worker has filed a claim for chronic low back pain, depression, anxiety, and neck pain reportedly associated with an industrial injury of January 15, 2008. In a Utilization Review Report dated November 13, 2014, the claims administrator failed to approve request for Lyrica, Cymbalta, Trazodone, and Zanaflex. The claims administrator stated that the applicant had not improved with previous usage of Trazodone. The claims administrator stated that it was denying Cymbalta on the grounds that it was that the FDA did not support usage of Cymbalta for lumbar radiculopathy. The claims administrator stated that it was denying Lyrica on the grounds that the applicant did not fibromyalgia for which Lyrica would be indicated while writing at the top of its report, somewhat incongruously, that the applicant did have chronic myofascial pain complaints. The claims administrator cited an October 23, 2014 progress note in its denial. The applicant's attorney subsequently appealed. In a May 27, 2014 progress note, the applicant presented with a variety of issues including chronic myofascial pain, left upper extremity pain, bilateral shoulder pain, carpal tunnel syndrome, knee pain, depression, and insomnia. The applicant was apparently concurrently consulting a psychiatrist. The applicant was receiving Opana, Neurontin, Lidoderm, Baclofen, Lunesta, Acyclovir, Cymbalta, Desyrel, and medical marijuana through various providers. The attending provider stated that the applicant was able to ride his bike and perform physical activities with his medications. The applicant reported paresthesias about the upper arms. The applicant was placed off of work, on total temporary disability. In an August 26, 2014 progress note, the applicant presented with issues including depression, anxiety, insomnia, and increasing mental instability. The applicant stated that previous denial of Lunesta had impacted his ability to sleep. The applicant was asked to continue various medications, including Lunesta, Desyrel, Cymbalta, Neurontin, Zanaflex, and Opana. Consultation with a new psychiatrist was endorsed on the grounds that the applicant was extremely agitated and was

demonstrating aberrant behavior. On September 20, 2014, the applicant reported ongoing issues with chronic pain syndrome, depression, anxiety, and knee pain. The attending provider stated that he would continue to prescribe Desyrel and Lunesta until such time as the applicant was able to consult a new psychiatrist. The attending provider posited that the applicant's medications were ameliorating his ability to ride his bike three times a week up to one hour, which was reportedly therapeutic from both orthopedic and psychiatric standpoints. Permanent work restrictions were renewed. The applicant was asked to continue Lunesta, Cymbalta, Neurontin, Zanaflex, and Opana. On October 23, 2014, the applicant reported ongoing complaints of low back pain. The attending provider stated that Cymbalta was significantly attenuating his symptoms of depression and anxiety and also diminishing his symptoms of neuropathic pain, to a more limited degree. The applicant stated that he was much more stable psychologically and physically. The applicant stated that he was exercising and riding a bike for exercise on a relatively regular basis. The applicant posited that ongoing usage of pain medications were diminishing his pain scores from 9/10 without medications to 4-1/2 to 5/10 with medications, including Opana. Zanaflex, Lyrica, Opana, and Desyrel were endorsed. It was suggested that Lyrica was a newly prescribed medication on this occasion. An earlier progress note of September 22, 2014 did suggest that the applicant was using gabapentin at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg/tab 1 tab p.o BID for Myofascial pain #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex; Functional Restoration Approach to Chronic Pain Management Page(s): 66; 7.

Decision rationale: The attending provider has failed to outline any material evidence of functional benefit and/or improvement with ongoing chronic pain medications, including Zanaflex. The applicant remains off of work. The applicant continues to report severe pain complaints, both radicular and myofascial pain complaints; it has been suggested on several occasions. Ongoing usage of Zanaflex has failed to curtail the applicant's dependence on opioid agents such as Opana. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Zanaflex. Therefore, the request is not medically necessary.

Lyrica 75mg/tab; 1 tab p.o QHS times 2 weeks then BID times 2 weeks:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Pregabalin Page(s): 7; 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Pregabalin or Lyrica is a first-line treatment for neuropathic pain, present here in the form of the applicant's upper extremity radicular complaints and/or upper extremity carpal tunnel syndrome related complaints, this treatment would be medically necessary by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there are discussions of "other medications" into the choice of recommendations and by commentary made on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there is appropriate time allowed for a trial of "each individual medication." However, in this case, the applicant was given a prescription for gabapentin on September 23, 2014. The attending provider subsequently furnished the applicant with a prescription for Lyrica on October 23, 2014. The attending provider did not state whether Lyrica was intended to replace gabapentin or whether Lyrica was intended to supplement gabapentin. Also, it was not stated why the applicant needed to use two separate anticonvulsant adjuvant medications. Therefore, the request is not medically necessary.

Cymbalta 30mg/tab BID #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Cymbalta "may be helpful" to alleviate symptoms of depression, as appear to be present here. In contrast to the applicant's chronic pain medications, the attending provider has established that ongoing usage of Cymbalta and other psychotropic medications has attenuated the applicant's depressive symptoms and insomnia, to some degree. The applicant was described as having stabilized mentally on September 23, 2014. The attending provider stated that the applicant's relative demonstration of mental stability on September 23, 2014 stood in stark contrast to earlier progress notes in which the applicant was described as mentally labile without his psychotropic medications. Continuing Cymbalta, on balance, was indicated. Therefore, the request is medically necessary.

Trazodone 50mg/tab; 3 tabs QHS for depression #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, Online Edition Chapter: Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Trazodone (Desyrel) "may be helpful" to alleviate symptoms of

depression as present here. In contrast to the applicant's chronic pain medications, the applicant's treating provider has established that ongoing usage of trazodone, coupled with Cymbalta usage, has attenuated the applicant's mental health issues and did produce some degree of mental stability. Continuing the applicant's psychotropic medications had reportedly ameliorated his ability to perform household chores and socialize with others to some limited degree. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.