MAXIMUS Federal Services

Case Number:	CM14-0200163		
Date Assigned:	12/10/2014	Date of Injury:	09/03/2011
Decision Date:	01/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder and upper arm pain reportedly associated with an industrial injury September 3, 2011.In a Utilization Review Report dated November 20, 2014, the claims administrator partially approved a request for gabapentin, denied a request for Flector patches, and partially approved a request for Viibryd. The claims administrator referenced an October 3, 2014 progress note in its determination. The claims administrator stated that the applicant did have issues with anxiety and depression and was visibly tearful in the clinic setting. It was stated that the request for Viibryd was a first time request. The claims administrator stated that its partial approval for Viibryd was more appropriate than the lengthier four-refill supply proposed by the attending provider on the grounds that the attending provider should reevaluate the applicant to ensure that Viibryd was in fact effective. The claims administrator noted that the applicant's primary pain generators where the shoulders, wrist, and mid back.The applicant's attorney subsequently appealed.In a December 4, 2014 progress note, the applicant reported ongoing complaints of shoulder, wrist, and mid back pain, 6/10, exacerbated by gripping and grasping. The applicant had received previous corticosteroid injection therapy. Tenderness was noted about the first dorsal compartment of the wrist. A cyclobenzaprine containing compound, a flurbiprofen containing compound, and a tramadol containing compound were endorsed. The applicant was at maximum medical improvement. The applicant was not a surgical candidate, it was stated. It was not clearly stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case. In the medication section of the note, it was stated that the applicant was using Celebrex, the various topical compounds, Flector, cyclobenzaprine, Neurontin, Norco, Motrin, a ketamine containing compound, Naprosyn, Percocet, Paxil, Desyrel, and tramadol.In a progress note dated October 3, 2014, the applicant

reported ongoing complaints of mid back pain, shoulder pain, wrist pain, depression, and anxiety. The applicant stated that she was very depressed because she was not getting better. The applicant wanted to just try antidepressant medications. The applicant's pre-encounter medications reportedly included Celebrex, Flector, Lyrica, and Neurontin, it was stated, although, once again, it was readily apparent whether the medication list had been updated recently. The applicant's BMI was 25. The applicant was described as depressed and tearful secondary to inability to work. Viibryd was endorsed for the first time, while gabapentin and Flector were apparently renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Gabapentin 100 mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Functional Restoration Approach to Chronic Pain Management Page(s): 19, 7.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant is seemingly off of work. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as Percocet, tramadol, and Norco; it was stated on a progress note of December 4, 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variable such as "other medications" into his choice of pharmacotherapy. Here, the attending provider has not clearly outlined why the applicant needs to use two separate anticonvulsant adjuvant medications namely gabapentin and Lyrica, as was suggested on October 3, 2014, progress note at issue. Therefore, the request is not medically necessary.

One prescription of Flector Patches # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac-Voltaren Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical NSAID such as Flector is a derivative of topical diclofenac/topical Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac/topical Voltaren/Flector patches have "not been evaluated" for issues

involving the spine, hip, and/or shoulder pain. Here, two of the applicant's three primary generators are, in fact, the shoulder and thoracic spine, i.e., body parts for which topical diclofenac/topical Voltaren has not been evaluated. In this case, the attending provider did not clearly state for what body part or body parts he intended the applicant to apply topical Flector. While the applicant does have wrist tenosynovitis/wrist tendonitis, i.e., an issue, which is amenable to application of topical NSAID such as Flector, the request for Flector represented a renewal of the same. The applicant had been using Flector for sometime, it was suggested on progress notes of December 4, 2014 and October 3, 2014, referenced above. The applicant had, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Flector patches. The applicant remained off of work. Ongoing usage of Flector failed to curtail the applicant's dependence of opioid agents such as Norco, Percocet, tramadol, and/or multiple other topical compounds. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Flector. Therefore, the request is not medically necessary.

One prescription of Viibryd 40 mg # 30 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 3 Initial Approaches to Treatment Page(s): 47, 402.

Decision rationale: While page 402 of the ACOEM Practice Guidelines notes that antidepressants such as Viibryd often take "weeks" to exert the maximal effect, in this case, however, the 30 tablet, four-refill supply of Viibryd at issues, represents a five-month supply of the same. This represents treatment well in excess of the several "weeks" deemed necessary for antidepressants to exert their maximal effect, per ACOEM Chapter 15, page 402. The five-month supply of Viibryd at issue, thus, represents treatment in excess of ACOEM parameters and does not incorporate any proviso to reevaluate the applicant in the midst of treatment to ensure ongoing medication efficacy, as suggested in ACOEM Chapter 3, page 47. Therefore, the request is not medically necessary.