

Case Number:	CM14-0208563		
Date Assigned:	02/02/2015	Date of Injury:	11/10/1997
Decision Date:	03/04/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female with an injury date of 11/10/97. Based on the 11/17/14 progress report provided by treating physician, the patient complains of shoulder and neck pain as well as bilateral numbness and tingling in arm, hand, and fingers. Per the progress report dated 08/06/14, the patient is also complaining of continued abdominal pain. Physical examination to the cervical spine showed no signs of cervical myelopathy. Patient's medications include Dexilant, Effexor, Phenergan, Trazadone, Methadone, Lidoderm patch, Vicodin, and Savella. It is not clear when the patient first started taking these medications. Per Request for Authorization form dated 02/13/14, treater is requesting Phenergan for nausea, increased by pain, Dexilant for GERD, Effexor for major depressive disorder recurrent episode due to injuries, and Trazadone for insomnia. The patient is not working. MRI cervical spine 09/02/14 Multilevel degenerative disc disease Multiple disc protrusions associated with canal stenosis and cord compression Diagnosis 11/17/14 Cervical spondylosis Fibromyalgia Depression. The utilization review determination being challenged is dated 12/02/14. The rationale follows:1 PHENERGAN PROMETHAZINE #180 WITH 10 REFILLS QTY 1980.00: no support for the use of Phenergan for nausea due to opioid use 2 DEXILANT 60MG #30 WITH 2 REFILLS QTY 90.00: there is adequate evidence of the need for this medication 3 VENLAFAXINE EFFEXOR 150MG #30 WITH 10 REFILLS QTY 330.00: using two different types of SNRIs at the same time, especially with the reported abdominal pain, is not supported 4 TRAZADONE 100MG #30 WITH 2 REFILLS QTY 90.00: supported as an antidepressant for treatment of insomnia 5 METHADONE 5MG-#120 WITH 2 REFILLS QTY 360.00: she has reported

incidence of tachycardia and weaning off of the Methadone is indicated 6 LIDODERM PATCH 5% #80 WITH 10 REFILLS QTY 680.00: only for localized neuropathic pain, not for musculoskeletal pain 7 VICODIN 75/325MG #60 WITH 2 REFILLS QTY 180.00: is supported for use only while weaning off of the Methadone 8 SALVELLA 25MG #30 WITH 2 REFILLS QTY 90.00: a trial of this SNRI is supported as this class of medication can be helpful for musculoskeletal and neuropathic pain. Treatment reports were provided from 3/11/14-11/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan (Promethazine) #180 with 10 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Antiemetics (for opioid nausea)

Decision rationale: The patient presents with shoulder and neck pain as well as bilateral numbness and tingling in arm, hand, and fingers. The request is for PHENERGAN (PROMETHAZINE) #180 WITH 10 REFILLS QTY 1980.00. Patient's medications include Dexilant, Effexor, Phenergan, Trazadone, Methadone, Lidoderm patch, Vicodin, and Savella. It is not clear when the patient first started taking these medications. ODG-TWC guidelines, Pain chapter for Antiemetics (for opioid nausea) states: "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for." Per the request for authorization report dated 02/13/14, treater is requesting Phenergan for nausea, increased by pain. In this case, due to the fact that this medication is not indicated for nausea associated with chronic opioid use, this request IS NOT medically necessary.

Dexilant 60 mg. #30 with 10 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with shoulder and neck pain as well as bilateral numbness and tingling in arm, hand, and fingers. The request is for DEXILANT 60MG #30 WITH 2 REFILLS QTY 90.00. Per the request for authorization report dated 02/13/14, treater is requesting Dexilant for GERD. FDA labeled indications for Dexilant: "for Healing of Erosive

Esophagitis. Dexilant is indicated for healing of all grades of erosive esophagitis (EE) for up to eight weeks. Dexilant is also indicated to maintain healing of EE and relief of heartburn for up to six months. Dexilant is indicated for the treatment of heartburn associated with symptomatic non-erosive gastroesophageal reflux disease (GERD) for four weeks." MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, Dexilant is prescribed for GERD. Dexilant is indicated for the treatment of heartburn associated with symptomatic non-erosive gastroesophageal reflux disease (GERD) for four weeks. Per UR letter dated 12/02/14, there is adequate evidence of the need for this medication. Hence, this request IS medically necessary.

Venlafaxine (Effexor) 150 mg. #30 with 10 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 16-17. Decision based on Non-MTUS Citation Pain (Chronic) chapter, Venlafaxine (Effexor) 1/2

Decision rationale: The patient presents with shoulder and neck pain as well as bilateral numbness and tingling in arm, hand, and fingers. Per the progress report dated 08/06/14, the patient is also complaining of continued abdominal pain. The request is for VENLAFAXINE (EFFEXOR) 150MG #30 WITH 10 REFILLS QTY 330.00. Patient's medications include Dexilant, Effexor, Phenergan, Trazadone, Methadone, Lidoderm patch, Vicodin, and Savella. Patient's diagnosis on 11/17/14 included cervical spondylosis, fibromyalgia, and depression. As per MTUS guidelines, pages 16-17, state that "Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy." ODG guidelines, chapter 'Pain (Chronic)' and topic 'Venlafaxine (Effexor)', state that Effexor is "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants." In this case, it is not clear when the patient first started taking Effexor. Per the request for authorization report dated 02/13/14, treater is requesting Effexor for major depressive disorder recurrent episode due to injuries. Of note, the patient is taking Savella concurrently. Per UR letter dated 12/02/14, "using two different types of SNRIs at the same time, especially with the reported abdominal pain, is not supported." The treater does not discuss the reasons for Effexor continuation and how it has been helpful. In the absence of such clarifications, this request IS NOT considered medically necessary.

Trazadone 100 mg. #30 with 10 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress chapter, Trazodone (Desyrel); Insomnia treatment

Decision rationale: The patient presents with shoulder and neck pain as well as bilateral numbness and tingling in arm, hand, and fingers. The request is for TRAZADONE 100MG #30 WITH 2 REFILLS QTY 90.00. Patient's diagnosis on 11/17/14 included cervical spondylosis, fibromyalgia, and depression. ODG Guidelines, chapter 'Mental Illness & Stress' and topic Trazodone (Desyrel) state the following: "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." Per the request for authorization report dated 02/13/14, treater is requesting Trazadone for insomnia. The patient has also been diagnosed with depression. Per UR letter dated 12/02/14, Trazadone is supported as an antidepressant for treatment of insomnia when there is depression and chronic pain. ODG guidelines recommend the use of Trazodone in patients with sleep disturbances and coexisting depression. Hence, this request IS medically necessary.

Methadone 5 mg. #120 with 10 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78,88-89.

Decision rationale: The patient presents with shoulder and neck pain as well as bilateral numbness and tingling in arm, hand, and fingers. The request is for METHADONE 5MG-#120 WITH 2 REFILLS QTY 360.00. Patient's medications include Dexilant, Effexor, Phenergan, Trazadone, Methadone, Lidoderm patch, Vicodin, and Savella. It is not clear when the patient first started taking these medications. The patient is not working. 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 4As -analgesia, ADLs, adverse side effects, and adverse 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. In this case, treater has not stated how Methadone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. No UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Lidoderm Patch 5% #60 with 10 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 56-57,112. Decision based on Non-MTUS Citation pain chapter, lidoderm patches

Decision rationale: The patient presents with shoulder and neck pain as well as bilateral numbness and tingling in arm, hand, and fingers. The request is for LIDODERM PATCH 5% #80 WITH 10 REFILLS QTY 680.00. Patient's medications include Dexilant, Effexor, Phenergan, Trazadone, Methadone, Lidoderm patch, Vicodin, and Savella. It is not clear when the patient first started taking these medications. The patient is not working. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, a prescription for Lidoderm patch was first noted in progress report dated 11/17/14. Treater does not document the impact on pain and function, as required by MTUS. Additionally, there is no indication of neuropathy that is peripheral and localized, noted in the provided medical reports. Therefore, the request IS NOT medically necessary.

Vicodin 7.5/325 mg. #60 with 10 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78,88-89.

Decision rationale: The patient presents with shoulder and neck pain as well as bilateral numbness and tingling in arm, hand, and fingers. The request is for VICODIN 75/325 MG #60 WITH 2 REFILLS QTY 180.00. Patient's medications include Dexilant, Effexor, Phenergan, Trazadone, Methadone, Lidoderm patch, Vicodin, and Savella. It is not clear when the patient first started taking these medications. The patient is not working. MTUS Guidelines pages 88 and 89 state, "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 4 A's (analgesia, ADLs, adverse side effects, and adverse 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. In this case, treater has not stated how Vicodin reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that

address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. No UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Savella 25 mg. #30 with 10 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, chronic, Chapter under Milnacipran-Savella

Decision rationale: The patient presents with shoulder and neck pain as well as bilateral numbness and tingling in arm, hand, and fingers. The request is for SAVELLA 25MG #30 WITH 2 REFILLS QTY 90.00. Patient's medications include Dexilant, Effexor, Phenergan, Trazadone, Methadone, Lidoderm patch, Vicodin, and Savella. It is not clear when the patient first started taking these medications. The patient is not working. ODG -TWC, Pain- chronic- Chapter under Milnacipran-Savella states: "Not recommended for chronic pain." Regarding Milnacipran-Savella, ODG states the "FDA has now approved milnacipran-Savella for the management of fibromyalgia. As there is little to no evidence that the cause of fibromyalgia is related to industrial injuries, the use of Savella should be restricted to documented cases of fibromyalgia as part of an appropriate treatment plan." In this case, the patient has been diagnosed with fibromyalgia, per progress report dated 11/17/14. The continuation of Savella appears reasonable and indicated by ODG. Therefore, the request IS medically necessary.