

Case Number:	CM15-0000414		
Date Assigned:	01/12/2015	Date of Injury:	03/21/2000
Decision Date:	03/12/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/02/2015

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 injured worker is a 61 year old female who sustained a work related injury March 21, 2000. Past history included a cervical fusion C5-C7 anterior 2001, carpal tunnel release bilateral 2004, and right shoulder surgery 2006. According to a treating physician's progress report, the injured worker presented with complaints of neck, right shoulder and bilateral wrist pain rated 6/10 without and 3/10 with medication. She stated she has been out of medications since November 24, 2014 and is interested in trigger point injections. Diagnoses includes carpal tunnel syndrome; right shoulder pain; cervical disc disorder; and spasm of muscle. Treatment plan included request for authorization of medications as described below in utilization report and a request for labs, not submitted with this authorization. Work status documented as not working, permanent and stationary. According to utilization review performed December 11, 2014, the request for Norco 10/325mg #150 is certified. The request for Colace 100mg #60 has been certified. The request for Amitiza 24mcg #60 has been certified. The request for Skelaxin 800 mg #60 with 5 refills has been MODIFIED to Skelaxin 800mg NO REFILLS. The request for Effexor XR 150mg #60 has been MODIFIED to Effexor XR 150mg #30. The request for Duragesic 75mcg/HR Patch #15 has been MODIFIED to Duragesic 75mcg/HR Patch #10. The request for Wellbutrin XI 300mg #30 with (1) Refill is non-certified. The request for Lamotrigine 100mg #30 is non-certified. The request for Methylphenidate 20 mg #120 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 MG #60 with 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants; Skelaxin Page(s): 61-66.

Decision rationale: The patient presents with neck, right shoulder, and bilateral wrist pain rated 3/10 with medications and 6/10 without medications. Patient is status post anterior corpectomy at C5-6 and C6-7 coupled with anterior cervical discectomy at those levels on 10/01/07, status post bilateral carpal tunnel release on 06/14/02 right and 10/03/02 left, status post right shoulder arthroplasty on 12/13/06. The request is for SKELAXIN 800MG #60 WITH 5 REFILLS. Physical examination dated 12/02/14 reveals a well healed surgical scar on the anterior neck, spasm and tenderness on palpation to the cervical paraspinal muscles, pain on palpation to the trapezius muscle, and pain elicitation upon Spurling's maneuver. Sensory examination also notes decreased sensation to the right thumb. The patient is currently prescribed Duragesic, Effexor, Kondremul, Lamotrigine, Lidoderm, Methylphenidate, Skelaxin, Wellbutrin, Amitiza, Colace, Norco, Lisinopril, and Trazodone. Diagnostic imaging included X-ray of Cspine dated 01/16/03, significant findings: "S/P anterior fusion C5-C7... moderate left side neural foraminal narrowing C5-C7..." MRI of the right shoulder significant findings: "Subacromial and subdeltoid bursitis... Arthropathy involving the acromioclavicular joint..." Patient is classified as permanently disabled. MTUS Chronic Pain Medical Treatment Guidelines page 61 regarding Skelaxin states: "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone - Skelaxin- is a muscle relaxant that is reported to be relatively non-sedating. See Muscle relaxants for more information and references." In regards to the request for Skelaxin, the treater has specified a duration of therapy which exceeds guidelines. While the patient presents with significant chronic pain and surgical history, guidelines do not recommend that muscle relaxants such as Skelaxin are appropriate for long term use. The specified amount of 300 tablets does not imply a short duration of use and is therefore not medically substantiated. The request IS NOT medically necessary.

Wellbutrin XI 300 MG #30 with 1 Refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-20.

Decision rationale: The patient presents with neck, right shoulder, and bilateral wrist pain rated 3/10 with medications and 6/10 without medications. Patient is status post anterior corpectomy at C5-6 and C6-7 coupled with anterior cervical discectomy at those levels on 10/01/07, status post bilateral carpal tunnel release on 06/14/02 right and 10/03/02 left, status post right shoulder

arthroplasty on 12/13/06. The request is for WELLBUTRIN XL 300MG #30 WITH 1 REFILL. Physical examination dated 12/02/14 reveals a well healed surgical scar on the anterior neck, spasm and tenderness on palpation to the cervical paraspinal muscles, pain on palpation to the trapezius muscle, and pain elicitation upon Spurling's maneuver. Sensory examination also notes decreased sensation to the right thumb. The patient is currently prescribed Duragesic, Effexor, Kondremul, Lamotrigine, Lidoderm, Methylphenidate, Skelaxin, Wellbutrin, Amitiza, Colace, Norco, Lisinopril, and Trazodone. Diagnostic imaging included X-ray of Cspine dated 01/16/03, significant findings: "S/P anterior fusion C5-C7... moderate left side neural foraminal narrowing C5-C7..." MRI of the right shoulder significant findings: "Subacromial and subdeltoid bursitis... Arthropathy involving the acromioclavicular joint..." Patient is classified as permanently disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 16, for Bupropion states: "this is a second-generation non-tricyclic antidepressant - a noradrenaline and dopamine reuptake inhibitor- has been shown to be effective in relieving neuropathic pain." In regards to the request for Wellbutrin, the prescribed medication appears reasonable. Given this patient's significant chronic neuropathic pain, surgical history, and the associated depression and anxiety secondary to loss of function, the usage of this medication is substantiated by guidelines. Furthermore, progress report dated 12/02/14 notes that the patient has concurrent diagnosis of major depressive disorder, for which antidepressant medications are indicated. Therefore, this request IS medically necessary.

Lamotrigine 100MG #30: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation pain chapter, Lamotrigine

Decision rationale: The patient presents with neck, right shoulder, and bilateral wrist pain rated 3/10 with medications and 6/10 without medications. Patient is status post anterior corpectomy at C5-6 and C6-7 coupled with anterior cervical discectomy at those levels on 10/01/07, status post bilateral carpal tunnel release on 06/14/02 right and 10/03/02 left, status post right shoulder arthroplasty on 12/13/06. The request is for LAMOTRIGINE 100MG #30. Physical examination dated 12/02/14 reveals a well healed surgical scar on the anterior neck, spasm and tenderness on palpation to the cervical paraspinal muscles, pain on palpation to the trapezius muscle, and pain elicitation upon Spurling's maneuver. Sensory examination also notes decreased sensation to the right thumb. The patient is currently prescribed Duragesic, Effexor, Kondremul, Lamotrigine, Lidoderm, Methylphenidate, Skelaxin, Wellbutrin, Amitiza, Colace, Norco, Lisinopril, and Trazodone. Diagnostic imaging included X-ray of Cspine dated 01/16/03, significant findings: "S/P anterior fusion C5-C7... moderate left side neural foraminal narrowing C5-C7..." MRI of the right shoulder significant findings: "Subacromial and subdeltoid bursitis... Arthropathy involving the acromioclavicular joint..." Patient is classified as permanently disabled. MTUS and ACOEM Guidelines do not specifically address the use of Lamotrigine; however, ODG Guidelines under the pain chapter for Lamotrigine states, "Lamotrigine has been proven to be moderately effective for the treatment of trigeminal neuralgia, HIV, and central post-stroke pain.

It has not been shown to be effective for diabetic neuropathy. Due to side effects and slow titration, Lamotrigine is not generally recommended as a first line treatment for neuropathic pain.” In regards to the request for Lamotrigine for this patient's chronic intractable pain, the requested medication is not supported by guidelines as first line therapy for the management of neuropathic pain. While this patient presents with significant clinical history of chronic pain and neuropathic pain, the patient does not present with specific diagnoses for which Lamotrigine may be indicated. The treater also does not mention in any of the reports, how this medication is specifically making a difference for the patient's chronic pain. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of documentation regarding this medication's efficacy, the request IS NOT medically necessary.

Effexor XR 150 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant medications Page(s): 13-15.

Decision rationale: The patient presents with neck, right shoulder, and bilateral wrist pain rated 3/10 with medications and 6/10 without medications. Patient is status post anterior corpectomy at C5-6 and C6-7 coupled with anterior cervical discectomy at those levels on 10/01/07, status post bilateral carpal tunnel release on 06/14/02 right and 10/03/02 left, status post right shoulder arthroplasty on 12/13/06. The request is for EFFEXOR XR 150 MG #60. Physical examination dated 12/02/14 reveals a well healed surgical scar on the anterior neck, spasm and tenderness on palpation to the cervical paraspinal muscles, pain on palpation to the trapezius muscle, and pain elicitation upon Spurling's maneuver. Sensory examination also notes decreased sensation to the right thumb. The patient is currently prescribed Duragesic, Effexor, Kondremul, Lamotrigine, Lidoderm, Methylphenidate, Skelaxin, Wellbutrin, Amitiza, Colace, Norco, Lisinopril, and Trazodone. Diagnostic imaging included X-ray of Cspine dated 01/16/03, significant findings: "S/P anterior fusion C5-C7... moderate left side neural foraminal narrowing C5-C7..." MRI of the right shoulder significant findings: "Subacromial and subdeltoid bursitis... Arthropathy involving the acromioclavicular joint..." Patient is classified as permanently disabled. MTUS Chronic Pain Medical Treatment Guidelines, under Venlafaxine - Effexor - States: "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine is a member of the selective-serotonin reuptake inhibitor class of antidepressants. 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." In regards to the request for Effexor, the requested medication appears appropriate. While this patient is also concurrently taking a noradrenaline and dopamine reuptake inhibitor, this patient's significant chronic pain, surgical history, and psychiatric diagnosis of major depressive disorder and anxiety substantiate continued use. The request IS medically necessary.

Duragesic 75 MCG/HR Patch #15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) CRITERIA FOR USE OF OPIOIDS Page(s): 44, 76-78, 88-89.

Decision rationale: The patient presents with neck, right shoulder, and bilateral wrist pain rated 3/10 with medications and 6/10 without medications. Patient is status post anterior corpectomy at C5-6 and C6-7 coupled with anterior cervical discectomy at those levels on 10/01/07, status post bilateral carpal tunnel release on 06/14/02 right and 10/03/02 left, status post right shoulder arthroplasty on 12/13/06. The request is for DURAGESIC 75 MCG/HR PATCH #15 Physical examination dated 12/02/14 reveals a well healed surgical scar on the anterior neck, spasm and tenderness on palpation to the cervical paraspinal muscles, pain on palpation to the trapezius muscle, and pain elicitation upon Spurling's maneuver. Sensory examination also notes decreased sensation to the right thumb. The patient is currently prescribed Duragesic, Effexor, Kondremul, Lamotrigine, Lidoderm, Methylphenidate, Skelaxin, Wellbutrin, Amitiza, Colace, Norco, Lisinopril, and Trazodone. Diagnostic imaging included X-ray of C spine dated 01/16/03, significant findings: "S/P anterior fusion C5-C7... moderate left side neural foraminal narrowing C5-C7..." MRI of the right shoulder significant findings: "Subacromial and subdeltoid bursitis... Arthropathy involving the acromioclavicular joint..." Patient is classified as permanently disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 44, states: "Duragesic -fentanyl transdermal system- is not recommended as a first line therapy. Duragesic is a trade name of fentanyl transdermal therapeutic system which releases fentanyl, a potent opioid, slowly to the skin. For chronic opiate use, 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 aberrant 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 regards to the request for additional Duragesic patches for the management of this patient's chronic intractable pain, the treater has provided adequate documentation to substantiate continued use. Progress report dated 12/02/14 notes a reduction in pain from 6/10 without medications to 3/10 with medications, states "with the medications the patient can perform household tasks such as cooking, cleaning, and self care for 30 minutes or greater at a time", notes that the patient does not display aberrant or drug seeking behaviors, and describes most recent urine toxicology as consistent with current medication profile. Therefore, this request IS medically necessary.

Methylphenidate 20 MG #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head Chapter, Methylphenidate

Decision rationale: The patient presents with neck, right shoulder, and bilateral wrist pain rated 3/10 with medications and 6/10 without medications. Patient is status post anterior corpectomy at C5-6 and C6-7 coupled with anterior cervical discectomy at those levels on 10/01/07, status post bilateral carpal tunnel release on 06/14/02 right and 10/03/02 left, status post right shoulder arthroplasty on 12/13/06. The request is for METHYLPHENIDATE 20MG #120. Physical examination dated 12/02/14 reveals a well healed surgical scar on the anterior neck, spasm and tenderness on palpation to the cervical paraspinal muscles, pain on palpation to the trapezius muscle, and pain elicitation upon Spurling's maneuver. Sensory examination also notes decreased sensation to the right thumb. The patient is currently prescribed Duragesic, Effexor, Kondremul, Lamotrigine, Lidoderm, Methylphenidate, Skelaxin, Wellbutrin, Amitiza, Colace, Norco, Lisinopril, and Trazodone. Diagnostic imaging included X-ray of C spine dated 01/16/03, significant findings: "S/P anterior fusion C5-C7... moderate left side neural foraminal narrowing C5-C7..." MRI of the right shoulder significant findings: "Subacromial and subdeltoid bursitis... Arthropathy involving the acromioclavicular joint..." Patient is classified as permanently disabled. While MTUS and ODG do not specifically address the use of Methylphenidate for lower back pain, ODG Guidelines, Head Chapter, under Methylphenidate states the following: "Recommended. High quality clinical trials indicate that methylphenidate is likely to improve memory, attention, concentration, and mental processing following traumatic brain injury. One clinical trial recommends that methylphenidate, at 0.3 mg/kg/dose, given twice a day to individuals with attentional complaints after traumatic brain injury, seems to have clinically significant positive effects on speed of processing, caregiver ratings of attention, and some aspects of on-task behavior in naturalistic tasks. In conclusion, methylphenidate appears to be safe for the adult population with traumatic brain injury. However, because a few individuals experienced significant changes in vital signs and adverse effects, all patients should be monitored." In regards to the request for Methylphenidate, the treater has not provided a reason for the request. Presumably this medication, a stimulant, is being prescribed to mitigate drowsiness secondary to this patient's medication regimen. There are no diagnoses of traumatic brain injury for which this medication is considered appropriate to improve cognitive function. While this medication may be successful in controlling this patient's drowsiness, the use of a stimulant solely for the purpose of improving cognitive function secondary to narcotic usage is not medically appropriate. Therefore, this request IS NOT medically necessary.