

Case Number:	CM15-0000691		
Date Assigned:	01/12/2015	Date of Injury:	07/12/2002
Decision Date:	03/12/2015	UR Denial Date:	12/02/2014
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 was a 52 year old female, who sustained cumulative trauma industrial injury to the neck and right shoulder, July 12, 2002. The injured worker's chief complaint was right shoulder discomfort. The injured worker was diagnosed with cervical radiculopathy, carpal tunnel syndrome, degenerative of the cervical intervertebral disc, depression, headaches, neck pain, disorder of the shoulder, chronic pain syndrome, back problem, shoulder joint pain and disorder of the shoulder joint. The injured worker had right shoulder surgery and pain medication. The primary provider requested Amitriptyline, Gabapentin, Buprenorphine, Cymbalta and lab work times 5 for prescription reviews and laboratory studies. On December 2, 2014, the UR denied authorization for Amitriptyline, Gabapentin, Buprenorphine, Cymbalta and lab work times 5. The gabapentin and Cymbalta were modified based on the MTUS compliance documentation including a signed contract and attempt at weaning/tapering. The Buprenorphine (Suboxone) was denied on the bases of the MTUS guidelines for the weaning of opiate addiction. The laboratory studies were denied due to the MTUS guidelines for laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 25mg, 1 tablet once a day at hour of sleep, #30, refills x 4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Medications for chronic pain Page(s): 13-15, 60. Decision based on Non-MTUS Citation Pain Chapter, under Insomnia has the following regarding Amitriptyline

Decision rationale: Based on the 11/17/14 progress report provided by treating physician, the patient presents with neck and left shoulder pain rated 5-8/10 with and 10/10 without medications. The request is for AMYTRIPTYLINE HCL 25MG, 1 TABLET ONCE A DAY AT HOUR OF SLEEP, #30, REFILLS X4. The patient is status post right shoulder surgery due to instability, date unspecified. Patient's diagnosis on 11/17/14 includes carpal tunnel syndrome, chronic cervical degenerative disc disease, chronic pain syndrome, chronic pain in shoulder joint, and chronic COAT, long term use of opiate analgesic. Patient medications include Amitriptyline, Gabapentin, Cymbalta, and Suboxone. The patient is permanent and stationary. Regarding anti-depressants, MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. ODG guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline: Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. Amitriptyline was prescribed in treater reports dated 11/17/14 and 12/08/14. Per progress report dated 11/17/14, treater states medications allow patient "to get out of bed, to tend to her basic needs, drive, and to run errands." Based on the American Quality of Life Scale, with medications, the patient is able to get dressed in the morning, minimal activities at home, contact with friends via phone, email. Without medications, the patient stays in bed all day, feels hopeless and helpless about life. Per Psychology section under Review of Systems of progress report dated 11/17/14, the patient has anxiety, depression and insomnia. Given documentation of patient's symptoms, history of depression and benefit, the request IS medically necessary.

Gabapentin 300mg, 3 capsules thrice a day, #270, refills x 4: Overturned

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 Antiepilepsy drugs Page(s): 18-19.

Decision rationale: Based on the 11/17/14 progress report provided by treating physician, the patient presents with neck and left shoulder pain rated 5-8/10 with and 10/10 without

medications. The request is for GABAPENTIN 300MG, 3 CAPSULES THRICE A DAY, #270, REFILLS X4. The patient is status post right shoulder surgery due to instability, date unspecified. Patient's diagnosis on 11/17/14 includes carpal tunnel syndrome, chronic cervical degenerative disc disease, chronic pain syndrome, chronic pain in shoulder joint, and chronic COAT, long term use of opiate analgesic. Patient medications include Amitriptyline, Gabapentin, Cymbalta, and Suboxone. The patient is permanent and stationary. MTUS has the following regarding Gabapentin on pg 18, 19 "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Gabapentin was prescribed in treater reports dated 08/18/14, 11/17/14 and 12/08/14. Per progress report dated 11/17/14, treater states medications allow patient "to get out of bed, to tend to her basic needs, drive, and to run errands." Based on the American Quality of Life Scale, with medications, the patient is able to get dressed in the morning, minimal activities at home, contact with friends via phone, email. Without medications, the patient stays in bed all day, feels hopeless and helpless about life. Given patient's diagnosis, continued symptoms and documentation of medication efficacy, the request appears reasonable. Therefore, the request for Gabapentin IS medically necessary.

Cymbalta 60mg, 1 capsule once a day, #30, refills x 4: 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 Antiepilepsy drugs Page(s): 16-17.

Decision rationale: Based on the American Quality of Life Scale, with medications, the patient is able to get dressed in the morning, minimal activities at home, contact with friends via phone, email. Without medications, the patient stays in bed all day, feels hopeless and helpless about life. Patient medications include Amitriptyline, Gabapentin, Cymbalta, and Suboxone. The patient is permanent and stationary. For Cymbalta, the MTUS guidelines page 16-17 states; Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Cymbalta was prescribed in treater reports dated 08/18/14, 11/17/14 and 12/08/14. Per progress report dated 11/17/14, treater states medications allow patient "to get out of bed, to tend to her basic needs, drive, and to run errands." Based on the American Quality of Life Scale, with medications, the patient is able to get dressed in the morning, minimal activities at home, contact with friends via phone, email. Without medications, the patient stays in bed all day, feels hopeless and helpless about life. Given patient's diagnosis which includes depression and carpal tunnel syndrome; continued symptoms and documentation of medication efficacy, the request appears reasonable. Therefore, the request for Cymbalta IS medically necessary.

Suboxone 8mg-2mg, 1 sl thrice a day for pain, #90, refills x 2: 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 CRITERIA FOR USE OF OPIOIDS Buprenorphine Page(s): 76-78, 88-89, 26-27. Decision based on Non-MTUS Citation Pain chapter, Buprenorphine for chronic pain

Decision rationale: Based on the 11/17/14 progress report provided by treating physician, the patient presents with neck and left shoulder pain rated 5-8/10 with and 10/10 without medications. The request is for SUBOXONE 8MG-2MG, 1SL THRICE A DAY FOR PAIN, #90, REFILLS X2. The patient is status post right shoulder surgery due to instability, date unspecified. Patient's diagnosis on 11/17/14 includes carpal tunnel syndrome, chronic cervical degenerative disc disease, chronic pain syndrome, chronic pain in shoulder joint, and chronic COAT, long term use of opiate analgesic. Based on the American Quality of Life Scale, with medications, the patient is able to get dressed in the morning, minimal activities at home, contact with friends via phone, email. Without medications, the patient stays in bed all day, feels hopeless and helpless about life. Patient medications include Amitriptyline, Gabapentin, Cymbalta, and Suboxone. The patient is permanent and stationary. 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 4A'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." For Buprenorphine, MTUS page 26-27 specifically recommends it for treatment of opiate addiction and also for chronic pain. ODG-TWC, Pain (Chronic) Chapter states: "Buprenorphine for opioid dependence: Recommended for selected patients for treatment of opioid dependence... Original studies investigate the use of buprenorphine for treatment of heroin addiction and research is still ongoing for use in populations with prescription drug abuse, or with comorbid dependency and chronic pain." "Buprenorphine for chronic pain: Recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." Suboxone was prescribed in treater reports dated 08/18/14, 11/17/14 and 12/08/14. Per progress report dated 11/17/14, treater states medications allow patient "to get out of bed, to tend to her basic needs, drive, and to run errands." Based on the American Quality of Life Scale, with medications, the patient is able to get dressed in the morning, minimal activities at home, contact with friends via phone, email. Without medications, the patient stays in bed all day, feels hopeless and helpless about life. Treater has documented how Suboxone reduces pain and improves patient's activities of daily living, hence addressing analgesia and ADL's. Urine drug screens have been performed on 11/17/14 and 12/18/14 based toxicology reports. However, no discussions regarding aberrant behavior, no CURES or opioid pain agreement, and no mention of adverse reactions were provided. While MTUS requires appropriate discussion of the 4A's, the patient has a diagnosis of chronic COAT, long term use of

opiate analgesic. MTUS guidelines on the utilization of Buprenorphine suggest that this medication is appropriate for individuals who have previously been detoxified from other high-dose opioids. This medication is indicated for patients with hyperalgesia, neuropathic pain, following discontinuation of high-dose opioid narcotics. It appears that Suboxone has been improving this patient's quality of life. Therefore, the request for Suboxone IS medically necessary.

EIA9 with Alcohol + RFLX urine: Upheld

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 Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: Based on the 11/17/14 progress report provided by treating physician, the patient presents with neck and left shoulder pain rated 5-8/10 with and 10/10 without medications. The request is for EIA9 WITH ALCOHOL + RFLX URINE. The patient is status post right shoulder surgery due to instability, date unspecified. Patient's diagnosis on 11/17/14 includes carpal tunnel syndrome, chronic cervical degenerative disc disease, chronic pain syndrome, chronic pain in shoulder joint, and chronic COAT, long term use of opiate analgesic. Based on the American Quality of Life Scale, with medications, the patient is able to get dressed in the morning, minimal activities at home, contact with friends via phone, email. Without medications, the patient stays in bed all day, feels hopeless and helpless about life. Patient medications include Amitriptyline, Gabapentin, Cymbalta, and Suboxone. The patient is permanent and stationary. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Treater has not provided reason for the request. Urine drug screens have been performed on 11/17/14 and 12/18/14 based toxicology reports. Treater does not provide opiate risk assessment to determine how frequent UDS's should be obtained. Once a year is recommended per ODG for low risk patients. The request appears to be excessive based on guideline recommendations. Therefore, further testing including an EIA9 with alcohol and reflex IS NOT medically necessary.

TSH: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs and Number: 0039

Decision rationale: Based on the 11/17/14 progress report provided by treating physician, the patient presents with neck and left shoulder pain rated 5-8/10 with and 10/10 without

medications. The request is for TSH. The patient is status post right shoulder surgery due to instability, date unspecified. Patient's diagnosis on 11/17/14 includes carpal tunnel syndrome, chronic cervical degenerative disc disease, chronic pain syndrome, chronic pain in shoulder joint, and chronic COAT, long term use of opiate analgesic. Based on the American Quality of Life Scale, with medications, the patient is able to get dressed in the morning, minimal activities at home, contact with friends via phone, email. Without medications, the patient stays in bed all day, feels hopeless and helpless about life. Patient medications include Amitriptyline, Gabapentin, Cymbalta, and Suboxone. The patient is permanent and stationary. MTUS, ACOEM and ODG guidelines are silent on thyroid tests. Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs and Number: 0039, allows for Thyroid function tests (T3, T4, TSH) for the evaluation of obese or overweight individuals. Treater has not provided reason for the request. Though treater has not mentioned obesity, it appears treater has concerns regarding patient's thyroid function. Dysfunctional thyroid can result in a host of different vague symptomatology present in chronic patient population. Given that there was no thyroid function test done, the request IS medically necessary.

Chem 19, CBC (includes Diff/PLT): 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 Lab testing Page(s): 70.

Decision rationale: Based on the 11/17/14 progress report provided by treating physician, the patient presents with neck and left shoulder pain rated 5-8/10 with and 10/10 without medications. The request is for CHEM 19, CBC (INCLUDES DIFF/PLT). The patient is status post right shoulder surgery due to instability, date unspecified. Patient's diagnosis on 11/17/14 includes carpal tunnel syndrome, chronic cervical degenerative disc disease, chronic pain syndrome, chronic pain in shoulder joint, and chronic COAT, long term use of opiate analgesic. Based on the American Quality of Life Scale, with medications, the patient is able to get dressed in the morning, minimal activities at home, contact with friends via phone, email. Without medications, the patient stays in bed all day, feels hopeless and helpless about life. Patient medications include Amitriptyline, Gabapentin, Cymbalta, and Suboxone. The patient is permanent and stationary. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests). MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Treater has not provided reason for the request. The patient is taking Cymbalta, and lab monitoring is recommended by MTUS to measure liver and transaminases when patients take NSAIDs. Therefore, the request IS medically necessary.

Urinalysis complete: Upheld

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 Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: Based on the 11/17/14 progress report provided by treating physician, the patient presents with neck and left shoulder pain rated 5-8/10 with and 10/10 without medications. The request is for URINALYSIS COMPLETE. The patient is status post right shoulder surgery due to instability, date unspecified. Patient's diagnosis on 11/17/14 includes carpal tunnel syndrome, chronic cervical degenerative disc disease, chronic pain syndrome, chronic pain in shoulder joint, and chronic COAT, long term use of opiate analgesic. Based on the American Quality of Life Scale, with medications, the patient is able to get dressed in the morning, minimal activities at home, contact with friends via phone, email. Without medications, the patient stays in bed all day, feels hopeless and helpless about life. Patient medications include Amitriptyline, Gabapentin, Cymbalta, and Suboxone. The patient is permanent and stationary. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Treater has not provided reason for the request. Urine drug screens have been performed on 11/17/14 and 12/18/14 based toxicology reports. Treater does not provide opiate risk assessment to determine how frequent UDS's should be obtained. Once a year is recommended per ODG for low risk patients. The request appears to be excessive based on guideline recommendations. Therefore, the request IS NOT medically necessary.

Retrospective request for Urine drug screen (DOS: 11/17/14): Upheld

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 Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: Based on the 11/17/14 progress report provided by treating physician, the patient presents with neck and left shoulder pain rated 5-8/10 with and 10/10 without medications. The request is for RETROSPECTIVE REQUEST FOR URINE DRUG SCREEN, DOS: 11/17/14. The patient is status post right shoulder surgery due to instability, date unspecified. Patient's diagnosis on 11/17/14 includes carpal tunnel syndrome, chronic cervical degenerative disc disease, chronic pain syndrome, chronic pain in shoulder joint, and chronic COAT, long term use of opiate analgesic. Based on the American Quality of Life Scale, with medications, the patient is able to get dressed in the morning, minimal activities at home, contact with friends via phone, email. Without medications, the patient stays in bed all day, feels hopeless and helpless about life. Patient medications include Amitriptyline, Gabapentin, Cymbalta, and Suboxone. The patient is permanent and stationary. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users,

ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Treater has not provided reason for the request. Treater does not provide opiate risk assessment to determine how frequent UDS's should be obtained. Once a year is recommended per ODG for low risk patients. Urine drug screens have been performed on 11/17/14 and 12/18/14 based toxicology reports. This is a retrospective request, which appears to be excessive based on guideline recommendations. Therefore, the request IS NOT medically necessary.