MAXIMUS Federal Services

Case Number:	CM15-0102947		
Date Assigned:	06/12/2015	Date of Injury:	12/03/2003
Decision Date:	09/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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 40 year old female with an industrial injury dated 12/03/2003. The injured worker's diagnoses include causalgia of upper limb, depressive disorder not elsewhere classified and insomnia unspecified. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 04/07/2015, the injured worker reported right arm, back and left shoulder pain with associated spasm and tingling. The injured worker rated pain a 6-7/10 with medications and a 10/10 without medications. The injured worker reported inability to sleep without pain medication and decrease activities of daily life (ADLs) without medications. Objective findings revealed guarded position of the bilateral upper extremity, inability to make a fist, inability to extend the fingers or thumb, mild nail atrophy, full range of motion of the left shoulder and no obvious allodynia. The treating physician prescribed Deplin 15mg #30 x 1 refill, Amitriptyline 10mg #90 x 2 refills, Cymbalta 60mg #60 x 1 refill, Norco 10/325mg #150, and physical therapy x 12 for the upper limb now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deplin 15mg #30 x 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Deplin (L-methylfolate) Pain (Chronic) Chapter under Medical food.

Decision rationale: The 40 year old patient complains of pain in right arm and back, rated at 6-7/10 with medications and 10/10 without medications, as per progress report dated 04/07/15. The request is for Deplin 15mg #30 x 1 refill. There is no RFA for this case, and the patient's date of injury is 12/03/03. Diagnoses, as per progress report dated 04/07/15, included causalgia of upper limb, depressive disorder, and insomnia. Medications included Amitriptyline, Cymbalta, Deplin, Lidoderm patch, Lisinopril, Norco, Terocin patch, Vimovo, and Zolpidem. The patient has been allowed to work with restrictions and is looking for work, as per progress report dated 04/07/15.ODG-TWC, Pain (Chronic) Chapter under Deplin (L-methylfolate) states: Deplin (L- methylfolate) is a prescription medical food from Pan American Laboratories, Inc., Covington, LA, for the dietary management of suboptimal folate, a naturally occurring B vitamin, in depressed patients. L-methylfolate is not an antidepressant, but may make antidepressants work better by correcting folate levels in the brain. ODG-TWC, Pain (Chronic) Chapter under Medical food states: Medical food: Not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. FDA defines a medical food as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. In this case, Deplin is first noted in progress report dated 09/15/14. The treater does not explain why this medical food was prescribed. ODG Guideline states that Deplin is a medical food and may make antidepressants work better by correcting folate levels in the brain. The patient does suffer from depression and takes anti-depressants for relief. The treater, however, does not document the efficacy of Deplin and impact on the patient's ability to perform ADLs. Given the lack of relevant documentation, the request is not medically necessary.

Amitriptyline 10mg #90 x 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: The 40 year old patient complains of pain in right arm and back, rated at 6-7/10 with medications and 10/10 without medications, as per progress report dated 04/07/15. The request is for Amitriptyline 10mg #90 x 2 refills. There is no RFA for this case, and the patient's date of injury is 12/03/03. Diagnoses, as per progress report dated 04/07/15, included causalgia of upper limb, depressive disorder, and insomnia. Medications included

Amitriptyline, Cymbalta, Deplin, Lidoderm patch, Lisinopril, Norco, Terocin patch, Vimovo, and Zolpidem. The patient has been allowed to work with restrictions and is looking for work, as per progress report dated 04/07/15. Regarding anti-depressants, MTUS Guidelines, page 13-15, Antidepressants for chronic pain section, 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. In this case, the patient has been taking Amitriptyline at least since 06/18/13. It is not clear when the medication was prescribed for the first time. The treater does not explain why the medication was prescribed. There is no documentation of neuropathic pain but the patient does suffer from depressive disorder and may benefit from Amitriptyline. As per progress report dated 04/07/15, the treater states that medications help reduce pain from 10/10 to 6-7/10. The treater also states that the patient cannot sleep without medications. The patient reports that "she wouldn't be able to care for her home as far as housework, light gardening and yardwork." The patient is unable to use her hand without medications. The report also indicates that "the patient can walk 30 min, sit 30 min, 10 min with medications versus 10 min, 1 min and 1 min." Given the efficacy of medication regimen and diagnoses of depression, the request is medically necessary.

Cymbalta 60mg #60 x 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 16-17.

Decision rationale: The 40 year old patient complains of pain in right arm and back, rated at 6-7/10 with medications and 10/10 without medications, as per progress report dated 04/07/15. The request is for Cymbalta 60mg #60 x 1 refill. There is no RFA for this case, and the patient's date of injury is 12/03/03. Diagnoses, as per progress report dated 04/07/15, included causalgia of upper limb, depressive disorder, and insomnia. Medications included Amitriptyline, Cymbalta, Deplin, Lidoderm patch, Lisinopril, Norco, Terocin patch, Vimovo, and Zolpidem. The patient has been allowed to work with restrictions and is looking for work, as per progress report dated 04/07/15. Regarding Cymbalta, the MTUS guidelines page 16-17 Antidepressants for chronic pain section, 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." MTUS page 60 require documentation of pain and function when medications are used for chronic pain. In this case, the patient has been taking Cymbalta at least since 06/18/13. It is not clear when the medication was prescribed for the first time. The treater does not explain why the medication was prescribed. There is no documentation of neuropathic pain but the patient does suffer from depressive disorder and may benefit from Cymbalta. As per progress report dated 04/07/15, the

treater states that medications help reduce pain from 10/10 to 6-7/10. The treater also states that the patient cannot sleep without medications. The patient reports that "she wouldn't be able to care for her home as far as housework, light gardening and yard work." The patient is unable to use her hand without medications. The report also indicates that "the patient can walk 30 min, sit 30 min, 10 min with medications versus 10 min, 1 min and 1 min." Given the efficacy of medication regimen and diagnoses of depression, the request is medically necessary.

Norco 10/325mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 40 year old patient complains of pain in right arm and back, rated at 6-7/10 with medications and 10/10 without medications, as per progress report dated 04/07/15. The request is for Norco 10/325mg #150. There is no RFA for this case, and the patient's date of injury is 12/03/03. Diagnoses, as per progress report dated 04/07/15, included causalgia of upper limb, depressive disorder, and insomnia. Medications included Amitriptyline, Cymbalta, Deplin, Lidoderm patch, Lisinopril, Norco, Terocin patch, Vimovo, and Zolpidem. The patient has been allowed to work with restrictions and is looking for work, as per progress report dated 04/07/15. 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the patient has been taking Norco at least since 06/18/13. It is not clear when the medication was prescribed for the first time. As per progress report dated 04/07/15, the treater states that medications help reduce pain from 10/10 to 6-7/10. The treater also states that the patient cannot sleep without medications. The patient reports that "she wouldn't be able to care for her home as far as housework, light gardening and yard work." The patient is unable to use her hand without medications. The report also indicates that "the patient can walk 30 min, sit 30 min, 10 min with medications versus 10 min, 1 min and 1 min." There are no adverse reaction and aberrant behavior and Urine toxicology from December is consistent. Given the impact of Norco on the 4As, including analgesia, ADLs, aberrant behavior, and adverse reaction, the request is medically necessary.

Physical therapy x 12 for the upper limb: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The 40 year old patient complains of pain in right arm and back, rated at 6-7/10 with medications and 10/10 without medications, as per progress report dated 04/07/15. The request is for physical therapy x 12 for the upper limb. There is no RFA for this case, and the patient's date of injury is 12/03/03. Diagnoses, as per progress report dated 04/07/15, included causalgia of upper limb, depressive disorder, and insomnia. Medications included Amitriptyline, Cymbalta, Deplin, Lidoderm patch, Lisinopril, Norco, Terocin patch, Vimovo, and Zolpidem. The patient has been allowed to work with restrictions and is looking for work, as per progress report dated 04/07/15. MTUS Chronic Pain Management Guidelines, pages 98, 99 under Physical Medicine section has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Given the patient's date of injury, it is reasonable to assume that the patient has undergone some physical therapy in the past. The progress reports and the Utilization Review denial letter do not document the number of sessions completed until now. There is no documentation of efficacy of prior therapy in terms of improvement in function and reduction in pain. Additionally, MTUS allows only 8-10 sessions of PT in non-operative cases and the treater's request for 12 sessions exceeds that limit and is not medically necessary.