

Case Number:	CM15-0103550		
Date Assigned:	06/08/2015	Date of Injury:	03/22/2011
Decision Date:	07/10/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/29/2015

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 56-year-old female with an industrial injury dated 03/22/2011. Her diagnoses included myofascial pain syndrome, bicipital tenosynovitis, rotator cuff injury and cervical sprain/strain. Prior treatment included physical therapy, acupuncture, psych and medications. She presents on 04/28/2015 with chronic pain in her cervical spine, chronic pain in her lumbar spine and chronic bilateral shoulder pain. She stated her medications were working well without any side effects reported. She found some benefit in mood but not pain with trial of Cymbalta. She noted a 40% improvement in pain with Norco. The provider documents she failed therapy modality and did not want options other than medication. She complained of back pain, cramps, difficulty in ambulation, headache and numbness and tingling of affected limbs. Range of motion was restricted. She describes pain as 10 without medications and 6 with medications. Her medications were Doxepin, Mobic, Flector, Cymbalta, Ultram, Butrans, Norco, Ansaïd, Estradiol, Niacin and Omeprazole. The injured worker could work with restrictions to include carrying not to exceed 20 pound, lifting not to exceed 20 pounds and be able to sit and stand as needed. Physical exam noted the injured worker appeared to be depressed and in moderate pain. Lumbar spine range of motion of lumbar spine was restricted. Muscle strength and sensation was normal. Left shoulder movements were restricted with complaints of pain. The request is for Cymbalta 60 mg, Doxepin 25 mg with one refill, Flector 1.3% patch with three refills and Mobic 7.5 mg with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1. 3% patch with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This patient presents with low back, neck and bilateral shoulder pain. The patient also complains of headaches, depression and anxiety. The current request is for Flector 1. 3% patch with three refills. The RFA is dated 04/29/15. Prior treatment included physical therapy, acupuncture, psych and medications. The patient is not working. The Flector patch is Diclofenac in a topical patch. MTUS guidelines for topical NSAIDs apply. MTUS, pg. 111-113, Topical Analgesics section under Non-steroidal anti-inflammatory agents -NSAIDs- states: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The guideline states short-term use is 4-12 weeks. These are not recommended for neuropathic pain and there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Physical examination revealed patient has moderate low back pain with radiation of pain into the lower extremities. Lumbar spine range of motion was restricted with a positive straight leg raise. Left shoulder movements were restricted with complaints of pain and positive Neer's test. Current medications include Doxepin, Mobic, Flector, Cymbalta, Ultram, Butrans, Norco, Ansaïd, Estradiol, Niacin and Omeprazole. The patient has been prescribed Flector patches since at least 12/15/14. According to progress report 04/28/15, the patient reported that medications are working well with no side effects. Pain without medication is 10/10 and reduces to 6/10 with medications. She failed therapy modality. She does not want options other than medication. The treater is requesting Flector patches for the management of this patient's neuropathic lower back and neck pain. While there is documentation that current medications provide some relief, MTUS guidelines indicate that topical NSAID patches are not recommended for neuropathic pain. Therefore, this request IS NOT medically necessary.

Doxepin 25mg with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressants Medications for chronic pain Page(s): 15, 122, 60.

Decision rationale: This patient presents with low back, neck and bilateral shoulder pain. The patient also complains of headaches, depression and anxiety. The current request is for Doxepin 25mg with one refill. The RFA is dated 04/29/15. Prior treatment included physical therapy, acupuncture, psych and medications. The patient is not working. Doxepin is a tricyclic antidepressant drug. The MTUS guidelines on page 15 states, "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. MTUS on page 122 states, "Recommended. 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. " This patient suffers from depression and neuropathic pain and has been prescribed Doxepin since at

least 12/15/14. In reviewing subsequent progress reports, the treating physician discusses continued medication efficacy, stating that pain is reduced on average 10/10 to 6/10 with an increase in function. The patient has been taking Doxepin for his sleep issues, depression and neuropathic pain and the treating physician has documented the efficacy of this medication as required by the MTUS guidelines on page 60. Therefore, the request is medically necessary.

Mobic 7.5mg with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 60, 22.

Decision rationale: This patient presents with low back, neck and bilateral shoulder pain. The patient also complains of headaches, depression and anxiety. The current request is for Mobic 7.5mg with one refill. The RFA is dated 04/29/15. Prior treatment included physical therapy, acupuncture, psych and medications. The patient is not working. MTUS Chronic Pain Medical Treatment Guidelines, pg. 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Physical examination revealed patient has moderate low back pain with radiation of pain into the lower extremities. Lumbar spine range of motion was restricted with a positive straight leg raise. Left shoulder movements were restricted with complaints of pain and positive Neer's test. Current medications include Doxepin, Mobic, Flector, Cymbalta, Ultram, Butrans, Norco, Ansaïd, Estradiol, Niacin and Omeprazole. The patient has been prescribed Mobic since at least 12/15/14. According to progress report 04/28/15, the patient states medication are working well with no side effects. Pain without medication is 10/10 and reduces to 6/10 with medications. She failed therapy modality. She does not want options other than medication. The patient has been utilizing Mobic with documented decrease in pain. Given the conservative nature of NSAID medications, and the provided documentation of pain reduction, continuation of this medication is in accordance with MTUS guidelines. The request IS medically necessary.

Cymbalta 60mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: This patient presents with low back, neck and bilateral shoulder pain. The patient also complains of headaches, depression and anxiety. The current request is for Cymbalta 60mg. The RFA is dated 04/29/15. Prior treatment included physical therapy, acupuncture, psych and medications. The patient is not working. MTUS Chronic Pain Medical Treatment Guidelines, pg. 13-16 for Antidepressants for chronic pain states: Recommended as a

first line option for neuropathic pain, and as a possibility for non-neuropathic pain. For Cymbalta specifically, MTUS states it is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy Physical examination revealed patient is in moderate low back pain with radiation of pain into the lower extremities. Lumbar spine range of motion was restricted with a positive straight leg raise. Left shoulder movements were restricted with complaints of pain and positive Neer's test. Current medications include Doxepin, Mobic, Flector, Cymbalta, Ultram, Butrans, Norco, Ansaid, Estradiol, Niacin and Omeprazole. The patient has been prescribed Cymbalta since at least 12/15/14. According to progress report 04/28/15, the patient states medication are working well with no side effects. Pain without medication is 10/10 and reduces to 6/10 with medications. She failed therapy modality. She does not want options other than medication. The patient reported improvement in his mood with Cymbalta. Cymbalta is recommended for depression as well as neuropathic pain. Given this patient's diagnosis and documentation of efficacy, continued use of this medication is substantiated. The request IS medically necessary.