

Case Number:	CM15-0103765		
Date Assigned:	06/08/2015	Date of Injury:	03/04/2015
Decision Date:	07/13/2015	UR Denial Date:	05/02/2015
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 47 year old female who sustained an industrial injury on 03/04/2015. Mechanism of injury was a fall. Diagnoses include cervical radiculopathy, left shoulder impingement, left elbow tendonitis, lumbar radiculopathy and left knee internal derangement. Treatment to date has included diagnostic studies and medications. There is documentation present that x rays of the left shoulder were normal. X rays of the lumbar spine revealed some loss of disc height at the L5-S1 level. A Magnetic Resonance Imaging of the left knee revealed relatively normal findings. A Magnetic Resonance Imaging of the lumbar spine done on 04/13/2015 showed disc desiccation at the L4-L5 level, and mild disc desiccation at the L5-S1 level posterior disc protrusion was noted. A physician progress note dated 04/22/2015 documents the injured worker has pain in her neck which is continuous, and it travels to her left shoulder blades and back. She has numbness and tingling in her left shoulder/arm. She has occasional headaches. Her pain levels vary with activities. She complains of left shoulder pain which is continuous and the pain travels to her arm. She has a clicking sensation in the shoulders and has episodes of numbness and tingling in her left shoulder/arm and hand. She has difficulty sleeping and awakens with pain and discomfort. There is intermittent pain in her left elbow and it travels to her arm. She complains of continuous pain in her lower back, at times becoming sharp and burning. Her pain travels to her left leg and she has episodes of numbness and tingling in her left leg. The injured worker has intermittent pain in her left knee at times becoming burning pain, and it travels to her leg and she has clicking in her left knee. She also has swelling in her left knee and her knee gives out causing her to lose her balance. She has restricted range

in motion and pain of the cervical spine. There is tenderness to palpation over the cervical paravertebral musculature and over the upper trapezium. There is decreased sensory testing in the C5 and C6 dermatome. Her left shoulder was painful to palpation and Impingement and Hawkins signs were positive on the left. Her left elbow was tender over the lateral and medial epicondyles on the left. She has pain, tenderness and spasm in the lumbar paravertebral muscles. Patellar crepitus was noted on the left. There is medial and lateral joint line tenderness on the left and at the patellar tendon inserting at the distal pole of the patella on the left. McMurray's is positive on the left. The treatment plan is for physical therapy, medications, and psychotherapy. Treatment requested is for Lexapro 10mg quantity 60 with five refills, Lidopro Ointment (Capsaicin, Lidocaine, Menthol and Methyl Salicylate) 121gm with five refills, Ultram extended release 150mg quantity 60 with five refills, Prilosec 20mg quantity 60 with five refills, and Voltaren 100mg quantity 60 with five refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg quantity 60 with five 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, Mental Illness and Stress, Escitalopram.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant medications for chronic pain Page(s): 13-15, 60. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress Chapter, Escitalopram.

Decision rationale: The patient was injured on 03/04/15 and presents with pain in her cervical spine, lumbar spine, shoulder, left elbow, left knee, depression, and anxiety. The request is for Lexapro 10 mg quantity 60 with 5 refills. The RFA is dated 04/24/15 and the patient is on temporary total disability. It is unknown when the patient began taking this medication. Lexapro (escitalopram) is an antidepressant belonging to a group of drugs called selective serotonin reuptake inhibitors (SSRIs). MTUS guidelines for SSRIs state, "It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." ODG Guidelines, under Mental Illness and Stress Chapter and Escitalopram section state that Lexapro is "recommended as a first-line treatment option for MDD and PTSD. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain." The patient has a decreased cervical/lumbar spine range of motion with spasm/tenderness/guarding, a decreased left shoulder range of motion with a positive impingement sign, a decreased left elbow range of motion with tenderness over the lateral epicondyle, and a decreased range of motion of the left knee with tenderness to palpation over the medial joint line. She is diagnosed with cervical radiculopathy, left shoulder impingement, left elbow tendonitis, lumbar radiculopathy, and left knee internal derangement. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. There is no documentation of how Lexapro has impacted the patient's pain and function, as required by MTUS guidelines. Therefore, the requested Lexapro is not medically necessary.

Lidopro Ointment (Capsaicin, Lidocaine, Menthol and Methyl Salicylate) 121gm with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints Page(s): 2; 132.

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

Decision rationale: The patient was injured on 03/04/15 and presents with pain in her cervical spine, lumbar spine, shoulder, left elbow, left knee, depression, and anxiety. The request is for Lidopro Ointment (Capsaicin, Lidocaine, Menthol And Methyl Salicylate) 121 gm with five refills. The RFA is dated 04/24/15 and the patient is on temporary total disability. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding topical analgesics, MTUS Guidelines page 111 has the following regarding topical cream, "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least 1 (or 1 drug class) that is not recommended is not recommended." The patient is diagnosed with cervical radiculopathy, left shoulder impingement, left elbow tendonitis, lumbar radiculopathy, and left knee internal derangement. MTUS Guidelines do not allow any other formulation of lidocaine other than in patch form. MTUS Guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Since lidocaine is not indicated for this patient in a non-patch form, the entire compound is not recommended. Therefore, the requested LidoPro Ointment is not medically necessary.

Prilosec 20mg quantity 60 with five 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, Pain, Chronic, Prilosec.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: The patient was injured on 03/04/15 and presents with pain in her cervical spine, lumbar spine, shoulder, left elbow, left knee, depression, and anxiety. The request is for Prilosec 20 mg quantity 60 with five refills. The utilization review letter did not provide a rationale. The RFA is dated 04/24/15 and the patient is on temporary total disability. MTUS Guidelines page 60 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with cervical radiculopathy, left shoulder impingement, left elbow tendonitis, lumbar radiculopathy, and left knee internal derangement. The 04/22/15 report states that the patient "has a history of gastroesophageal reflux disease. With omeprazole, there has been reduction of acid secretion, reduction in reflux, and reduction in dyspepsia." She is currently taking Lexapro, Voltaren, and Ultram. In this case, the treater is requesting for Prilosec for the patient's GERD. The patient is also taking Voltaren which is an NSAID. Given that the patient continues to have GERD, the requested Prilosec appears reasonable. Use of PPIs is indicated for GERD and other stomach

issues, as this patient presents with. Therefore, the requested Prilosec is medically necessary.

Voltaren 100mg quantity 60 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-8; 299; 337.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications, medications for chronic pain Page(s): 22, 60. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Diclofenac.

Decision rationale: The patient was injured on 03/04/15 and presents with pain in her cervical spine, lumbar spine, shoulder, left elbow, left knee, depression, and anxiety. The request is for Voltaren 100 mg quantity 60 with five refills. The RFA is dated 04/24/15 and the patient is on temporary total disability. There is no indication of when the patient began taking this medication. MTUS Guidelines page 22 on anti-inflammatory medications states that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. For medication use in chronic pain, MTUS page 60 also requires documentation of the pain assessment and function as related to the medication use. Specific to Voltaren, ODG Guidelines, on the Pain Chapter Diclofenac section, updates, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market." The patient has a decreased cervical/lumbar spine range of motion with spasm/tenderness/guarding, a decreased left shoulder range of motion with a positive impingement sign, a decreased left elbow range of motion with tenderness over the lateral epicondyle, and a decreased range of motion of the left knee with tenderness to palpation over the medial joint line. She is diagnosed with cervical radiculopathy, left shoulder impingement, left elbow tendonitis, lumbar radiculopathy, and left knee internal derangement. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. There is no documentation of how Voltaren has impacted the patient's pain and function, as required by MTUS guidelines. Therefore, the requested Voltaren is not medically necessary.

Ultram extended release 150mg quantity 60 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints Page(s): 22; 40; 308; 346.

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 was injured on 03/04/15 and presents with pain in her cervical spine, lumbar spine, shoulder, left elbow, left knee, depression, and anxiety. The request is for Ultram extended release 150 mg quantity 60 with five refills. The RFA is dated 04/24/15 and the patient is on temporary total disability. There is no indication of when the patient began taking this medication. 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. The patient is diagnosed with cervical radiculopathy, left shoulder impingement, left elbow tendonitis, lumbar radiculopathy, and left knee internal derangement. None of the reports provided discuss what Ultram has done for the patient's pain and function. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales, no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no recent urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Ultram is not medically necessary.