

Case Number:	CM15-0106204		
Date Assigned:	06/10/2015	Date of Injury:	06/01/2007
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 50 year old female who sustained an industrial injury on 6/1/07. The injured worker was diagnosed as having chronic pain syndrome, bilateral knee pain, pain in joint involving shoulder region, facet syndrome, carpal tunnel syndrome, cervicgia, back pain, post laminectomy lumbar, post laminectomy cervical, myofascial pain syndrome, and depression. Previous treatments included treatment with a psychologist, medications and spinal cord stimulator. Cymbalta was noted to be prescribed for pain and depression. Opana, motrin, gralise, and Cymbalta were prescribed in September 2014. The documentation notes that an opiate agreement was on file, and notes that urine drug screen from March 2014 was appropriate. Ultram was listed among failed/ineffective medications. It was noted that without medications, the injured worker remains in the home mostly in bed and that with medications she is able to function and do activities of daily living. Currently, at a visit in April 2015, the injured worker was with complaints of pain in the neck, back, bilateral shoulders and upper extremities. The injured workers pain level was noted as 7-9/10. The plan of care was for medication prescriptions. Opana was discontinued and a trial of tramadol was recommended. Gralise, motrin, and Cymbalta were continued. Work status was not noted. On 5/20/15, Utilization Review non-certified requests for the items currently under Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

Decision rationale: Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin (Neurontin, Gralise) has been shown to be effective for treatment of diabetic neuropathy and post herpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy. A "good" response to the use of antiepileptic drugs (AEDs) is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. Gabapentin has been prescribed for at least 7 months. There was no documentation of at least a moderate reduction in pain with use of gabapentin. Pain levels were unchanged for many months. Work status was not discussed. Medications as a group were noted to result in improved activities of daily living, but specific functional benefit from use of gabapentin was not documented. Due to lack of sufficient improvement in pain, and lack of functional improvement, the request for gralise is not medically necessary.

Cymbalta 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants p. 13-16, SNRIs p. 105 Page(s): 13-16, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

Decision rationale: This injured worker has chronic pain and depression. Cymbalta was prescribed for both of these reasons for at least seven months. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor (SNRI) antidepressant that is FDA approved for treatment of depression, generalized anxiety disorder, and pain related to diabetic neuropathy. The MTUS states that Duloxetine is recommended as a first-line option in neuropathic pain. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. There was no

documentation of improvement in pain or function as a result of use of Cymbalta. Work status was not discussed, and there was no documentation of specific improvements in activities of daily living as a result of use of Cymbalta. It was noted that the injured worker had seen a psychologist, but there was no discussion of sleep quality and duration and no psychological assessment was submitted. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. Severity of depression and specific symptoms of depression were not discussed. The injured worker was also prescribed tramadol, another serotonergic medication, which increases the risk of serotonin syndrome. Due to lack of improvement in pain or function, inadequate documentation of psychological assessment, and potential for toxicity, the request for Cymbalta is not medically necessary.

Motrin 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: This injured worker has chronic back pain. Motrin has been prescribed for at least seven months. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long-term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDS recommend periodic monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Although blood pressure readings were recorded, no laboratory tests were submitted. There was no documentation of improvement in pain or function. Work status was not discussed. Medications as a group were noted to result in improved activities of daily living, but specific functional benefit from use of motrin was not documented. Due to length of use in excess of the guideline recommendations, lack of functional improvement, and insufficient monitoring for toxicity, the request for motrin is not medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic back pain. Motrin has been prescribed for at least seven months. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long-term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDS recommend periodic monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Although blood pressure readings were recorded, no laboratory tests were submitted. There was no documentation of improvement in pain or function. Work status was not discussed. Medications as a group were noted to result in improved activities of daily living, but specific functional benefit from use of motrin was not documented. Due to length of use in excess of the guideline recommendations, lack of functional improvement and insufficient monitoring for toxicity, the request for motrin is not medically necessary.