

<b>Case Number:</b>	CM15-0106369		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	01/14/2005
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Family Practice

### 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 52-year-old female who sustained an industrial injury on 1/14/05 resulting in injury to the left shoulder, low back and neck. She currently complains of burning, dull and tingling back pain with numbness and weakness in the left leg with a pain level of 9/10; the cervical pain is dull and tingling with pain level of 8/10; left shoulder pain is constant with a pain level of 8/10. Medications provide 60 % pain relief. A urine drug screen dated 9/5/14 was consistent with prescribed medications. She visits the emergency department when her pain increases and medication does not help. Medications are Fetzima, ibuprofen, Inderal, nortriptyline, Percocet. On physical exam the cervical spine reveals pain on palpation, limited range of motion, positive Spurling;s maneuver on the left and positive maximal foraminal compression testing; left shoulder reveals marked decreased range of motion, positive impingement sign, diffuse tenderness on palpation at the acromioclavicular joint and the deltoid insertion with topical allodynia; lumbar spine reveals positive left pelvic thrust, positive Faber maneuver, positive Patrick's ,maneuver, positive Stork test on the left, tenderness on palpation. Treatments included medications; cervical epidural steroid injection (10/6/13) with 60% improvement for a short time. Diagnoses include cervicgia; low back pain; left shoulder pain; opiate induced constipation; epicondylitis and focal entrapment neuropathy both wrists and adhesive capsulitis left shoulder. Diagnostics include MRI of the cervical spine (5/1/13) show mild lateral disc protrusion at C6-7with resulting mild to moderate left neural foraminal stenosis; MRI lumbar spine (5/2/13) revealed disc protrusion, left sided facet disease; MRI left shoulder (5/1/13) revealed tendinopathy with subchondral cyst at the femoral head. In the progress note dated 4/27/15 the treating provider's plan of care includes requests for Fetzima, ibuprofen, Inderal, nortriptyline, Norco; trigger point injection which was done 4/27/15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fetzima 80mg # 30 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-15.

**Decision rationale:** Fetzima is a serotonin/norepinephrine reuptake inhibitor anti-depressant. According to the MTUS, anti-depressants, specifically tricyclic anti-depressants are recommended as a first line option for neuropathic pain, especially if pain is accompanied by insomnia, anxiety, or depression. For non-neuropathic pain, anti-depressants are an option but effectiveness is limited. Tri-cyclic anti-depressants for chronic low back pain have demonstrated a small to moderate effect. SSRI's have not been shown to be effective for low back pain and SNRI's have not been evaluated for low back pain. Use of anti-depressants for radiculopathy and osteoarthritis has not been proven but patients with depression and osteoarthritis have been found to have decreased pain and improved function when depression symptoms are improved. The physician progress note of 3/23/2015 indicates that this worker is taking Fetzima for depression and therefore the medical indication for which medical necessity should be determined is for depression. This medication is medically necessary for the treatment of her depression and may also have secondary benefit for her chronic pain.

**Nortriptyline 25mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-15.

**Decision rationale:** Nortriptyline is a tricyclic anti-depressant. According to the MTUS, anti-depressants, specifically tricyclic antidepressants are recommended as a first line option for neuropathic pain, especially if pain is accompanied by insomnia, anxiety, or depression. For non-neuropathic pain, anti-depressants are an option but effectiveness is limited. Tri-cyclic anti-depressants for chronic low back pain have demonstrated a small to moderate effect. SSRI's have not been shown to be effective for low back pain and SNRI's have not been evaluated for low back pain. Use of anti-depressants for radiculopathy and osteoarthritis has not been proven but patients with depression and osteoarthritis have been found to have decreased pain and improved function when depression symptoms are improved. This worker has neuropathic pain as well as low back pain according to the medical record. Both of these conditions are an indication for nortriptyline. However, the MTUS states that 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. This worker continues to experience severe pain and the record available does not include an assessment as above to verify treatment efficacy from this particular medication. There is no report of improved function or other benefits associated with norepinephrine. Therefore, norepinephrine cannot be determined to be medically necessary.

**Inderal 20mg #30 with 3 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, Diabetes (Type 1, 2, and gestational); Hypertension Treatments (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Overview of hypertension in adults.

**Decision rationale:** Inderal is an anti-hypertensive medication. This worker has a diagnosis of hypertension. She has been on Inderal since at least December 2014. Her blood pressure prior to initiating the Inderal is not available in the available medical record. Her blood pressures are controlled on this medication based on the recorded blood pressures all being below 140/90. Normal blood pressures are not an indication to stop an anti-hypertensive as presumably it is on account of the medication that the blood pressures are in the normal range. However, according to UpToDate, beta blockers are not considered an appropriate mono-therapy for the treatment of hypertension in the absence of another specific condition for their use such as ischemic heart disease or heart failure. This worker is not on any other blood pressure medication and does not have a diagnosis for which Inderal may be indicated other than hypertension. Without a rationale in the medical record for the use of this medication as opposed to other anti-hypertensives, this medication cannot be determined to be medically necessary.

**Retrospective request for Trigger point injections preformed on 4/27/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** Trigger point injections are recommended only for myofascial pain syndrome. They are not recommended for typical back pain or neck pain. The MTUS list several criteria to be met prior to trigger point injections: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. This worker had trigger point injections on 4/27/15. It was stated "The patient obtained trigger point injections today for myofascial pain." The location of the trigger points or the number of injections is not provided. The criteria listed above was not met. The progress note of 4/27/15 describes radiculopathy and there was no documentation of circumscribed trigger points with a twitch response or referred pain upon palpation. Therefore, trigger point injections were not medically necessary and appropriate in this case.