

Case Number:	CM15-0131721		
Date Assigned:	07/17/2015	Date of Injury:	12/05/2007
Decision Date:	09/15/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/07/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 53-year-old female who sustained an industrial injury on 12/05/07. Initial complaint and diagnoses are not available. Current diagnoses include internal derangement-left shoulder, tendonitis-bilateral shoulders, and lateral epicondylitis-left elbow. Diagnostic testing and treatments have included urinalysis drug screen 06/13/15, and pain medication management. Currently, the injured worker complains of neck, shoulder, and upper/lower back pain with generalized body soreness. She is in pain all of the time and has headaches. Physical examination is remarkable for tenderness and spasm to the cervical and lumbar paraspinal muscles; there is painful range of motion to bilateral shoulders. She has had to go to the emergency department in the past for pain control. Requested treatments include trigger point injections, 2 times, cervical spine, per 06/08/2015 order, Norco 10/325 mg #90, Elavil 50 mg #30 per 06/08/2015 order, Cymbalta 20 mg #30 per 06/08/2015 order, and protonix 20 mg #60 per 06/08/2015 order. The injured worker's status is reported as permanent and stationary. Date of Utilization Review: 07/01/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections, 2 times, cervical spine, per 06/08/2015 order: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 84.

Decision rationale: Trigger point injections, 2 times, cervical spine, per 06/08/2015 order is not medically necessary. Per Ca MTUS guidelines, which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the muscle where the injection is to be performed; therefore the requested service is not medically necessary.

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids; Weaning of Medications Page(s): 77-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Norco 10mg-325mg #90 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. Infact the claimant was designated permanent and stationary; therefore, the requested medication is not medically necessary.

Elavil 50 mg #30 per 06/08/2015 order: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant Page(s): 13-14.

Decision rationale: Elavil 50mg #30 per 06/08/2015 is not medically necessary. Ca MTUS page 13-14 states that antidepressants for chronic pain as recommended as first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effects take longer to occur. Assessment of treatment efficacy should include not only pain outcomes but also in evaluation of function, changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects include excessive sedation (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have

been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. (Perrot, 2006) (Schnitzer, 2004) (Lin-JAMA, 2003) (Salerno, 2002) (Moulin, 2001) (Fishbain, 2000) (Taylor, 2004) (Gijssman, 2004) (Jick-JAMA, 2004) (Barbui, 2004) (Asnis, 2004) (Stein, 2003) (Pollack, 2003) (Ticknor, 2004) (Staiger, 2003) Long-term effectiveness of anti-depressants has not been established. (Wong, 2007) The effect of this class of medication in combination with other classes of drugs has not been well researched. The medical records did not document treatment efficacy including pain outcome, function, changes in medication, sleep quality and duration or even provide a true psychological assessment. Given the lack of positive response to the medication as the patient continued to display psychogenic pain as well as permanent disability, Elavil is not medically necessary.

Cymbalta 20 mg #30 per 06/08/2015 order: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 13-14.

Decision rationale: Cymbalta 20 mg #30 per 06/08/2015 order Duloxetine Cap 60mg #30 is not medically necessary. Per CA MTUS, 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. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. The medical records do not appropriately address whether the claimant has depression associated with chronic pain through psychological evaluation. Additionally there was no documentation that the enrollee failed Tricyclics which is recommended by Ca MTUS as first line therapy. This request is not medically necessary.

Protonix 20 mg #60 per 06/08/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Protonix 20 mg #60 per 06/08/2015 order is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long-term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long-term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Protonix is therefore, not medically necessary.