

<b>Case Number:</b>	CM15-0138946		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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 50-year-old female, who sustained an industrial injury on 3/10/09. The injured worker was diagnosed as having cervical strain with radicular symptoms, multilevel degenerative changes and intervertebral disc degenerative changes at C5-7 with congenital fusion at C3-4, lumbar sacral strain with radiculopathy, chronic pain, headaches, lumbar strain with radicular symptoms, bilateral shoulder strain, bilateral elbow strain, depression, anxiety, loss of sleep, and intermittent suicidal ideation. Treatment to date has included physical therapy, psychotherapy, and medication. Currently, the injured worker complains of low back pain with radiating paresthesias to the legs, headaches, and neck pain that radiates to right upper extremity and elbow. The treating physician requested authorization for a MRI of the lumbar spine, Celebrex 100mg #60, Lamotrigine ER 50mg #60, Lidoderm patch 5% #60, and Pristiq 50mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex; NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The patient presents with neck pain radiating to right upper extremity, lower back pain with radiating paresthesias to the legs, and headaches. The request is for CELEBREX 100MG #60. The request for authorization is dated 06/15/15. Physical examination of the cervical spine reveals tenderness to palpation with taught bands were found at myofascial trigger points with twitch responses in the levator scapula, trapezius, and rhomboid muscles causing radiating pain to the posterior scapula and neck. Scalene hypertrophy and muscle spasm was noted. Reduced range of motion. Exam of lumbar spine reveals thoracic and lumbar tenderness was moderate. Muscle spasm remained moderate in the right paravertebral region. Reduced range of motion. Supine straight leg raising 60 degrees. She is still walking and performing stretches daily to tolerance. Patient's medications include Pristiq, Citalopram, Propranolol, Celebrex, Lamotrigine and Lidoderm Patch. Per progress report dated 06/15/15, the patient is unable to work. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." MTUS Chronic Pain Medical Treatment Guidelines, pg 70-73 Selective COX-2 NSAIDS, for Celecoxib (Celebrex), states this is the only available COX-2 in the United States and that the Recommended Dose is 200 mg a day (single dose or 100 mg twice a day). (Celebrex package insert). MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 06/15/15, treater's reason for the request is it "has reduced her joint pain, and she will continue to attempt in reducing the dose to as needed for pain." Patient has been prescribed Celebrex since at least 03/12/15. NSAID's are indicated by MTUS as first line treatment to reduce pain. However, Celebrex is not indicated for all patients, according to guidelines. In this case, treater has not discussed GI complications, nor documented that the patient was previously prescribed other oral NSAIDs. The request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.

**Lamotrigine ER 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Lamotrigine.

**Decision rationale:** The patient presents with neck pain radiating to right upper extremity, lower back pain with radiating paresthesias to the legs, and headaches. The request is for LAMOTRIGINE ER 50MG #60. The request for authorization is dated 06/15/15. Physical examination of the cervical spine reveals tenderness to palpation with taught bands were found at myofascial trigger points with twitch responses in the levator scapula, trapezius, and rhomboid muscles causing radiating pain to the posterior scapula and neck. Scalene hypertrophy and muscle spasm was noted. Reduced range of motion. Exam of lumbar spine reveals thoracic and lumbar tenderness was moderate. Muscle spasm remained moderate in the right paravertebral region. Reduced range of motion. Supine straight leg raising 60 degrees. She is still walking and performing stretches daily to tolerance. Patient's medications include Pristiq, Citalopram, Propranolol, Celebrex, Lamotrigine and Lidoderm Patch. Per progress report dated

06/15/15, the patient is unable to work. MTUS and ACOEM Guidelines do not specifically address the use of Lamotrigine; however, ODG Guidelines under the pain chapter for Lamotrigine states, "Lamotrigine has been proven to be moderately effective for the treatment of trigeminal neuralgia, HIV, and central post-stroke pain. It has not been shown to be effective for diabetic neuropathy. Due to side effects and slow titration, Lamotrigine is not generally recommended as a first line treatment for neuropathic pain." Per progress report dated 06/15/15, treater's reason for the request is it "has continued to reduce her neuralgia and pain-induced depression." Patient has been prescribed Lamotrigine since at least 03/12/15. In this case, it appears Lamotrigine is prescribed for the patient's neuralgia and depression, however, the requested medication is not supported by guidelines as first line therapy for the management of neuropathic pain or depression. While this patient presents with significant clinical history of chronic pain and neuropathic pain, the patient does not present with specific diagnoses for which Lamotrigine may be indicated. Therefore, the request IS NOT medically necessary.

**Lidoderm patch 5% #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 57.

**Decision rationale:** The patient presents with neck pain radiating to right upper extremity, lower back pain with radiating paresthesias to the legs, and headaches. The request is for LIDODERM PATCH 5% #60. The request for authorization is dated 06/15/15. Physical examination of the cervical spine reveals tenderness to palpation with taught bands were found at myofascial trigger points with twitch responses in the levator scapula, trapezius, and rhomboid muscles causing radiating pain to the posterior scapula and neck. Scalene hypertrophy and muscle spasm was noted. Reduced range of motion. Exam of lumbar spine reveals thoracic and lumbar tenderness was moderate. Muscle spasm remained moderate in the right paravertebral region. Reduced range of motion. Supine straight leg raising 60 degrees. She is still walking and performing stretches daily to tolerance. Patient's medications include Pristiq, Citalopram, Propranolol, Celebrex, Lamotrigine and Lidoderm Patch. Per progress report dated 06/15/15, the patient is unable to work. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." ODG guidelines, Pain (Chronic) Chapter under Lidoderm (lidocaine patch) states: "Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. A Trial of patch treatment is recommended for a short-term period (no more than four weeks). This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." Per progress report dated 06/15/15, treater's reason for the request is they "have also continued to reduce her neuralgia from her arms and neck." The patient has been prescribed Lidoderm Patch since at least 03/12/15. In this case, the patient continues with localized peripheral pain in the arm. Treater has documented reduction in pain, which allows her to wash dishes for short periods of time, dust, perform light laundry, and drive up to 20 minutes due to her current treatment. However, Lidoderm Patch is not indicated for neck, back or knee conditions. Therefore, the request IS NOT medically necessary.

**Pristiq 50mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

**Decision rationale:** The patient presents with neck pain radiating to right upper extremity, lower back pain with radiating paresthesias to the legs, and headaches. The request is for PRISTIQ 50MG #30. The request for authorization is dated 06/15/15. Physical examination of the cervical spine reveals tenderness to palpation with taught bands were found at myofascial trigger points with twitch responses in the levator scapula, trapezius, and rhomboid muscles causing radiating pain to the posterior scapula and neck. Scalene hypertrophy and muscle spasm was noted. Reduced range of motion. Exam of lumbar spine reveals thoracic and lumbar tenderness was moderate. Muscle spasm remained moderate in the right paravertebral region. Reduced range of motion. Supine straight leg raising 60 degrees. She is still walking and performing stretches daily to tolerance. Patient's medications include Pristiq, Citalopram, Propranolol, Celebrex, Lamotrigine and Lidoderm Patch. Per progress report dated 06/15/15, the patient is unable to work. MTUS Guidelines, Antidepressants for Chronic Pain, pages 13-16 states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) 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." Per progress report dated 06/15/15, treater's reason for the request is it "reduced her anxiety, depression, and neuralgia." Patient has been prescribed Pristiq since at least 03/12/15. The patient continues with emotional distress due to chronic pain, with depression, anxiety, loss of sleep, and intermittent suicidal ideation. However, per progress report dated 06/15/15, treater notes, "Chest pain was experienced with Pristiq or Desvenlafaxine 50 mg, although it reduced her anxiety, depression, and neuralgia, but at 25 mg twice a day, the symptoms resolved. In this case, treater does not discuss or explain why the request is for 50 mg of Pristiq that caused the patient to experience chest pain, and not the 25 mg of Pristiq with which the symptoms resolved. Therefore, the request IS NOT medically necessary.

**Magnetic resonance imaging of the lumbar spine times 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter (Online version).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs.

**Decision rationale:** The patient presents with neck pain radiating to right upper extremity, lower back pain with radiating paresthesias to the legs, and headaches. The request is for MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE TIMES 1. The request for authorization is dated 06/15/15. Physical examination of the cervical spine reveals tenderness to palpation with taught bands were found at myofascial trigger points with twitch responses in the levator scapula, trapezius, and rhomboid muscles causing radiating pain to the posterior scapula

and neck. Scalene hypertrophy and muscle spasm was noted. Reduced range of motion. Exam of lumbar spine reveals thoracic and lumbar tenderness was moderate. Muscle spasm remained moderate in the right paravertebral region. Reduced range of motion. Supine straight leg raising 60 degrees. She is still walking and performing stretches daily to tolerance. Patient's medications include Pristiq, Citalopram, Propranolol, Celebrex, Lamotrigine and Lidoderm Patch. Per progress report dated 06/15/15, the patient is unable to work. ODG-TWC Guidelines, Low Back Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs (magnetic resonance imaging) Section states, "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per progress report dated 06/15/15, treater's reason for the request is "to assess the causes of her pain." However, it appears the patient has previously had an MRI of the lumbar spine. Per qualified medical reevaluation dated 04/17/15, evaluator notes, "DIAGNOSTIC STUDIES: 5/7/10. The lumbar MRI demonstrated a L5-S1 annular fissure with no central or foraminal stenosis and no evidence of nerve root impingement. The L4-L5 2 mm disc protrusion did not cause nerve root impingement." For an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. In this case, the patient does not present with any of these. Therefore, the request IS NOT medically necessary.