

Case Number:	CM15-0186817		
Date Assigned:	09/28/2015	Date of Injury:	12/06/2013
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/22/2015

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: Preventive Medicine, Occupational 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 51 year old male, who sustained an industrial-work injury on 12-6-13. A review of the medical records indicates that the injured worker is undergoing treatment for head injury cervicalgia, cervical sprain, thoracic sprain, thoracic sprain, and post traumatic headache. Medical records dated (4-23-15 to 8-25-15) indicate that the injured worker complains of severe neck pain and severe cervical occipital headaches that are unremitting. The physician indicates that cervical occipital trigger point injections were helpful with 50 percent reduction in pain and 50 percent improvement in activities of daily living (ADL) and lasted about 2-4 weeks. The injured worker notes that the headaches are moderate to severe with aching down the arms and weakness. The back pain is noted to increase with reaching and the pain is rated 6-8 out of 10 on the pain scale. The physician notes that the medications help relieve the pain. The physician indicates gastrointestinal upset with Naproxen and Ibuprofen. The injured worker reports that the Pristiq helps cervicoccipital headaches and chronic pain and also helped reduce the amount of Norco he had to take. Per the treating physician report dated 4-23-15 the injured worker has not returned to work. The physical exam dated 8-25-15 reveals that he has a pain grimace, cervicoccipital tenderness, vertex tenderness and spasms about the paravertebral muscles that are circumscribed with local twitch response with patient withdrawing with moderate palpation. There is tenderness interscapular and mid to lower thoracic area that increases with raising the shoulders 90 degrees. Treatment to date has included pain medication, Gabapentin, Pristiq and Celebrex (since at least 12-10-14), medial branch blocks 11-21-14 with 75 percent pain relief, radiofrequency ablation 3-13-15, pain management and other modalities. The treating physician

indicates that there is no illicit drug use. The request for authorization date was 8-25-15 and requested services included Trigger point injections (performed 8-25-2015), Gabapentin 100mg #90 with 2 refills, Pristiq 50mg #30 with 3 refills and Celebrex 200mg #30 with 2 refills. The original Utilization review dated 9-8-15 non-certified the request for Trigger point injections (performed 8-25-2015), Gabapentin 100mg #90 with 2 refills and Celebrex 200mg #30 with 2 refills. The request for Pristiq 50mg #30 with 3 refills was modified to Pristiq 50mg #30 with 1 refill only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections (performed 8/25/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value and not recommended for radicular pain. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical neck pain. Trigger point injections (performed 8/25/2015) are not medically necessary.

Gabapentin 100mg #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is documentation of functional improvement with the continued use of this medication. I am reversing the previous utilization review decision. Gabapentin 100mg #90 with 2 refills is medically necessary.

Pristiq 50mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Venlafaxine (Effexor).

Decision rationale: Pristiq, generic name desvenlafaxine, is an antidepressant of the serotonin-norepinephrine reuptake inhibitor class developed and marketed by [REDACTED]. Desvenlafaxine is a synthetic form of the major active metabolite of venlafaxine. Venlafaxine, the parent compound of Pristiq, is recommended as an option in first-line treatment of neuropathic pain. There is documentation to support the continued use of this medication. However, the original reviewer modified the request to exclude all refills, as this patient should be routinely reexamined to document objective functional improvement. Pristiq 50mg #30 with 3 refills is not medically necessary.

Celebrex 200mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Celebrex 200mg #30 with 2 refills is not medically necessary.