MAXIMUS Federal Services

Case Number:	CM15-0190937		
Date Assigned:	10/05/2015	Date of Injury:	02/15/2007
Decision Date:	12/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/28/2015

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: Arizona, Michigan
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 54 year old female, who sustained an industrial injury on February 15, 2007. The injured worker was diagnosed as having right-sided neck pain, right shoulder pain, reflex sympathetic dystrophy, and left tendinitis of the wrist, forearm, and elbow. Treatment and diagnostic studies to date has included magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the neck, nerve conduction study of the upper extremities, placement of a spinal cord stimulator, medication regimen, stellate ganglion blocks for a set of three, physical therapy, acupuncture, medication regimen, and use of heat. In a consultation dated September 15, 2015 the treating physician reports complaints of pain to the neck that radiates to the scapula and the bilateral upper extremities, along with right upper extremity weakness with the inability to make a fist and cold sensation, tenderness to the left forearm of the left medial epicondyle, and numbness and tingling to the fourth and fifth finger. Examination performed on September 15, 2015 was revealing for tenderness to the lower facets on the right cervical spine and the right upper trapezius with spasm, tenderness to the right anterior shoulder, decreased range of motion to the right shoulder, hypersensitivity from the right elbow to the to the hand, curled fingers, cold right hand, tenderness to the left medial epicondyle, and decreased grip strength to the right hand. On September 15, 2015 the injured worker's current medication regimen included Ultracet (since at least January of 2013), Nabumetone (Relafen) (since at least January of 2008), Amitriptyline (Elavil) (since at least December of 2013), and Gabapentin (Neurontin) (since at least January of 2008). The injured worker's pain level on September 15, 2015 was rated an 8 out of 10 without the use of her medication regimen and decreases to a 4 to

6 out of 10 with the use of her medication regimen. The injured worker also noted that the injured worker's medication regimen was "significantly helpful allowing her to work". The consultation on September 15, 2015 noted that prior stellate ganglion block provided "minimal benefit", prior physical therapy provided an increase in symptoms, acupuncture was note to be "helpful", and prior spinal cord stimulator use was noted to increase the injured worker's symptoms. On September 15, 2015 the treating physician requested transcutaneous electrical nerve stimulation unit trial for neuropathic pain for a quantity of 1 month, Ultracet 37.5mg with a quantity of 30 with 1 refill, Relafen 500mg with a quantity of 60 with 3 refills, Neurontin 600mg tablets with a quantity of 90 with 3 refills, and Elavil 10mg with a quantity of 60 with 3 refills, noting current use of these medications, and massage for the right shoulder and bilateral upper extremity with a quantity of 6, but the progress noted did not indicate the specific reason for the requested therapy. On September 24, 2015 the Utilization Review determined the requests for a transcutaneous electrical nerve stimulation unit trial for neuropathic pain for a quantity of 1 month, massage for the right shoulder and bilateral upper extremity with a quantity of 6, Ultracet 37.5mg with a quantity of 30 with 1 refill, Relafen 500mg with a quantity of 60 with 3 refills, Neurontin 600mg tablets with a quantity of 90 with 3 refills, and Elavil 10mg with a quantity of 60 with 3 refills to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit trial for neuropathic pain #1 month: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation BlueCross BlueShield: TENS, CMS: The use of TENS, Aetna and Humana, VA: TENS, European Federation of Neurological Societies (EFNS): TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Per the MTUS, transcutaneous electrotherapy is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The MTUS criteria for the use of TENS: Chronic intractable pain, documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A review of the injured workers medical records reveal that the injured worker meets the MTUS criteria described above for a trial of the

TENs unit, therefore the request for Tens unit trial for neuropathic pain #1 month is medically necessary.

Massage for the right shoulder and bilateral upper extremity #6: 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): Massage therapy.

Decision rationale: The MTUS recommends the limited use of massage as an adjunct to other recommended treatment. It should be limited to 4-6 weeks. "Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. In this injured worker with a complex clinical presentation and delayed recovery, adjunctive treatment with massage appears appropriate, therefore the request for Massage for the right shoulder and bilateral upper extremity #6 is medically necessary.

Ultracet 37.5mg #30 with 1 refill: 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): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long terms users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. The continued use appears appropriate in this injured worker with documented improvement in pain and function with the use of Ultracet, continued use is appropriate; therefore the request for Ultracet 37.5mg #30 with 1 refill is medically necessary.

Relafen 500mg #60 with 3 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): NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: Per the MTUS, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. A review of the injured workers medical record reveal improvement in pain and function with her current regimen which includes Relafen, continued use is appropriate, therefore the request for Relafen 500mg #60 with 3 refills is medically necessary.

Neurontin 600mg tablet #90 with 3 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): Antiepilepsy drugs (AEDs).

Decision rationale: Per the MTUS, anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails.(Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A review of the injured workers medical records reveal documentation of improvement of up to 50% in neuropathic pain with the use of neurontin, the continued use is appropriate, therefore the request for Neurontin 600mg tablet #90 with 3 refills is medically necessary.

Elavil 10mg #60 with 3 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): Antidepressants for chronic pain.

Decision rationale: Per the MTUS, antidepressants are recommended as a first line option in the treatment of neuropathic pain and also possibly for non- neuropathic pain. "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. (Saarto-Cochrane, 2005) 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." A review of the injured workers medical records reveal documentation of improvement in pain and function with the use of her current regimen which includes Elavil and the continued use is medically necessary.