

Case Number:	CM15-0192172		
Date Assigned:	10/06/2015	Date of Injury:	09/06/2009
Decision Date:	12/14/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/30/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This is a 52-year-old female with a date of industrial injury 9-6-2009. The medical records indicated the injured worker (IW) was treated for pain in limb and reflex sympathetic dystrophy of the upper and lower limb. In the progress notes (7-13-15 and 9-14-15), the IW reported pain in the bilateral upper and lower extremities, in the face, cheeks, left shoulder, left fingers, left toes and the knees, described as burning, rated 8 out of 10. It was associated with stiffness, joint swelling, diffuse extremity swelling and color and temperature changes. Medications were Cymbalta (since at least 2013), Gralise (since at least 2012), Ambien (since at least 2014), Fentanyl patch and Percocet. Nortriptyline was added for neuropathic mouth pain and for sleep. Her medications, along with Ketamine infusions, reportedly improved activity tolerance and functionality in activities of daily living (ADLs) by 25%. Her average pain without medications was 8 to 9 out of 10 and improved 30% to 40% with medications, allowing the performance of light ADLs and light housework. On examination (9-14-15 notes), upper and lower extremity reflexes were brisk bilaterally. Peripheral pulses and capillary refill were normal. Diffuse swelling was noted. The left wrist had reduced range of motion due to pain and stiffness; the hand was clenched and she had difficulty extending the fingers fully. Treatments included sympathetic blocks (somewhat effective), spinal cord stimulator trial and permanent placement (effective), physical therapy, medications (including current meds and previous NSAIDs, opioids and antidepressants), Ketamine infusions (effective). The IW was permanent and stationary. The records stated there was a signed medication agreement. A urine drug screen dated 5-13-15 was positive for oxycodone, but it did not appear the full report was submitted. A Request for

Authorization was received for Nortriptyline HCl 10mg, #60 with one refill, Cymbalta 60mg, #30 with one refill, Gralise ER 600mg, #180 with one refill and Ambien 10mg, #15 with one refill. The Utilization Review on 9-28-15 modified the request for Nortriptyline HCl 10mg, #60 with one refill, Cymbalta 60mg, #30 with one refill, Gralise ER 600mg, #180 with one refill and Ambien 10mg, #15 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline Hcl 10mg #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Models and Definitions, General Approach, Medical, Physical Examination, Diagnostic Testing, Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Regarding the request for Nortriptyline Hcl 10mg #60 with one refill, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. 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. Within the documentation available for review, there is no identification that the Nortriptyline specifically provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, or improvement in psychological well-being. In the absence of clarity regarding those issues, the currently requested Nortriptyline Hcl 10mg #60 with one refill is not medically necessary.

Cymbalta 60mg #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Medical, Physical Examination, Diagnostic Testing, Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Duloxetine (Cymbalta).

Decision rationale: Regarding the request for duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. 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. Within the documentation available for review, there is no identification that the Cymbalta specifically provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. Additionally, if the Cymbalta is being prescribed to treat depression, there are no objective findings which would support such a diagnosis (such as a mini mental status exam, or even depressed mood). In the absence of clarity regarding those issues, the currently requested Cymbalta 60mg #30 with one refill is not medically necessary.

Gralise ER 600mg #180 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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

Decision rationale: Regarding request for Gralise (gabapentin ER), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs (AEDs) are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, there is no documentation of specific objective functional improvement from this medication. In the absence of such documentation, the currently requested Gralise ER 600mg #180 with one refill is not medically necessary.

Ambien 10mg #15 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary last updated 9/8/2015, Zolpidem (Ambien), short-acting non-benzodiazepine hypnotic.

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

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no recent discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no recent statement indicating what behavioral treatments have been

attempted for the condition of insomnia, and no recent statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Ambien 10mg #15 with one refill is not medically necessary.