

Case Number:	CM15-0025190		
Date Assigned:	02/17/2015	Date of Injury:	06/07/2000
Decision Date:	04/16/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/10/2015

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: Texas, Florida, 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 60 year old female who sustained a work related injury June 7, 2000. According to a pain management physician's notes, dated January 12, 2015, the injured worker presented for evaluation. Her sleep is limited to 0-6 hours of sleep a night with 2-3 interruptions due to pain. She is stretching and walking outside when weather is reasonable. Diagnoses included opiate analgesic pain management, chronic, now in tapering mode; sleep disorder due to pain; left shoulder rotator cuff repair; right first dorsal compartment repair, de Quervain's tenosynovitis, s/p release, radial nerve release at wrist; focal complex regional pain syndrome, type 2 and neuropathic pain in right wrist and right upper extremity minimal. According to Utilization Review dated January 21, 2015, the request for H-Wave Unit purchase with supplies is non-certified, citing MTUS Guidelines and Official Disability Guidelines (ODG). The request for Savella 50mg #60 is non-certified, citing MTUS ACOEM Guidelines and Official Disability Guidelines (ODG). The request for Opana 10mg # 60 is non-certified, citing MTUS ACOEM Guidelines and Official Disability Guidelines (ODG). The request for Bupropion 75mg #60 is non-certified, citing MTUS ACOEM Guidelines. The request for Cyclobenzaprine 10mg #60 is non-certified, citing MTUS Guidelines. The request for Lamotrigine ER 300mg is non-certified (no citing provided). The request for Subsys 200mcg/Fentanyl SL #30 units' spray is non-certified, citing MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-wave muscle stimulator for home use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 117-118, 173-174, 189.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS Effective July 18, 2009) Page(s): 116 of 127.

Decision rationale: The MTUS notes that TENS such as H-wave are 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, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions. Moreover, regarding H-wave stimulation, the California MTUS Chronic Pain section further notes: H-wave stimulation (HWT) is not recommended as an isolated intervention. The device may be tried if there is a chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration or, only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). I was not able to verify that all criteria was met for H-wave trial. The request was appropriately non-certified under MTUS criteria.

Savella 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per the Physician Desk Reference, under Savella.

Decision rationale: Although many potential causes of this claimant's subjective pain complaints are mentioned, Fibromyalgia is not one of them. Per the Physician Desk Reference, Savella is used for fibromyalgia. I did not see a usage in this reference for other forms of chronic pain. Moreover, it is not an innocuous medicine by any means. In the cautions, it is contraindicated or cautioned with hepatic disease, glaucoma, hepatic impairment, seizure history, and hypertension. I did not find documentation that these cautions were addressed. Moreover, I did not see that rheumatologic criteria for fibromyalgia was met. The request was appropriately non-certified.

Opana 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 88 of 127.

Decision rationale: In regards to the long term use of opiates like Opana, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen over the course of the 15 years post injury. The request for Opana usage is not certified per MTUS guideline review.

Bupropion 75mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Antidepressants.

Decision rationale: Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder. If for pain management, the objective functional improvement out of its use is not apparent in the records. The request is appropriately non-certified.

Cyclobenzaprine 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41-42 of 127.

Decision rationale: The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not

recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril for this claimant. Long-term use is not supported. In addition, it is being used with other agents, which also is not clinically supported in the MTUS.

Lamotrigine 300mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Lamotrigine.

Decision rationale: This is a medicine for bipolar I disorder maintenance therapy and various seizure disorders. Its use in chronic pain management is not cited in the PDR, so if used in that capacity, it would be an off-label usage, with little mainstream evidentiary support. It was not evident that the patient has the conditions for which the medicine is intended, and so the role of this medicine therapy is not clear. The request was appropriately non-certified.

Fentanyl 200ug SL spray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 88 of 127.

Decision rationale: In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review.