

Case Number:	CM15-0032483		
Date Assigned:	02/25/2015	Date of Injury:	07/15/1998
Decision Date:	04/08/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 67 year old female who sustained a work related injury July 15, 1998. Past history includes hypertension, asthma, fibromyalgia, s/p bunionectomy; s/p right shoulder surgery; s/p neck surgery (disks); and s/p total right knee. According to a primary treating physician's progress report dated January 8, 2015, the injured worker presented with left shoulder pain that comes and goes, rated 2/10 with medication and 6-7/10 without. She states she has ongoing numbness of both hands that sometimes causes dropping things. Diagnoses includes brachial neuritis or radiculitis not otherwise specified; adhesive capsulitis of shoulder; cervicgia and depressive disorder not elsewhere classified. Treatment plan included prescribing medication and return visit in one month. According to utilization review dated January 22, 2015, the request for Norco 10/325mg QTY: 60 are non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Cymbalta 60mg QTY: 90 are non-certified, citing MTUS Guidelines. The request for Butrans 10mcg/hr. QTY: 4 are non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Deplin 15mg QTY: 39 (1) refill is non-certified, citing Official Disability Guidelines (ODG).The request for Desipramine 50mg QTY: 60 (1) refill is non-certified, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are brachial neuritis or radiculitis; adhesive capsulitis shoulder; cervicgia; and depressive disorder not elsewhere classified. The date of injury is July 15, 1998. The injured worker has been under the care of [REDACTED], a family medicine physician, for the duration of treatment to date. Subjectively, the injured worker admits to not doing well. There is numbness and tingling in the hands. The treating physician prescribed Norco as far back as November 21, 2013. The documentation does not contain evidence of objective functional improvement associated with ongoing Norco 10/325 mg. There were no detailed pain assessments in the medical record. There are no risk assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement in the absence of a risk assessment and detailed pain assessment (for ongoing opiate use), Norco 10/325 mg #60 is not medically necessary.

Cymbalta 60mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cymbalta.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Cymbalta 60 mg #90 fifth is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Is FDA approved for treatment of depression, generalized anxiety disorder, and treatment of diabetic neuropathy. The effect is found to be significant by the end of week one. In this case, the injured worker's working diagnoses are brachial neuritis or radiculitis; adhesive capsulitis shoulder; cervicgia; and depressive disorder not elsewhere classified. The date of injury is July 15, 1998. The injured worker has been under the care of [REDACTED], a family medicine physician for the duration of treatment to date. Subjectively, the injured worker admits to not doing well. There is numbness

and tingling in the hands. Objectively, the treating physician indicates there is left arm numbness in the fourth and fifth (?). The documentation shows the injured worker was taking Neurontin in 2004. Cymbalta was started November 21, 2013. Although there are subjective neuropathic symptoms in the hands with numbness and tingling, there are no objective neurologic findings on physical examination. The documentation is unclear as to whether Cymbalta is being used for neuropathic pain or the antidepressant effects. Additionally, there is no evidence of objective functional improvement with the ongoing use of Cymbalta (and the use of Neurontin) in the medical record. Consequently, absent clinical documentation with objective functional improvement of neuropathic symptoms associated with the ongoing long-term use of Cymbalta, Cymbalta 60 mg #90 is not medically necessary.

Butrans 10mcg/hr, #4: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, Butrans patch 10mcg/hr #4 is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia complement pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of non-adherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured worker's working diagnoses are brachial neuritis or radiculitis; adhesive capsulitis shoulder; cervicalgia; and depressive disorder not elsewhere classified. The date of injury is July 15, 1998. The injured worker has been under the care of [REDACTED], a family medicine physician, for the duration of treatment to date. Subjectively, the injured worker admits to not doing well. There is numbness and tingling in the hands. The documentation does not contain any discussion of failed first-line treatment with nonsteroidal anti-inflammatory drugs and first-line opiates. There is no documentation of high-risk opiate drug seeking behavior or evidence of prior detoxification from other high-dose opiates. The treating physician prescribed Butrans on April 30, 2014. There is no documentation containing evidence of objective functional improvement with ongoing Butrans. Consequently, absent compelling clinical documentation with objective functional improvement to gauge Butrans ongoing efficacy with the appropriate lack of clinical indications for use, Butrans 10mcg/hr #4 is not medically necessary.

Deplin 15mg, #39 with 1 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.

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

Medical foods and Other Medical Treatment Guidelines
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2933841/>.

Decision rationale: Pursuant to the Official Disability Guidelines, Deplin 15 mg #39 with one refill is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes area see the Official Disability Guidelines for details. Deplin is a medical food. In this case, the injured worker's working diagnoses are brachial neuritis or radiculitis; adhesive capsulitis shoulder; cervicgia; and depressive disorder not elsewhere classified. The date of injury is July 15, 1998. The injured worker has been under the care of [REDACTED], a family medicine physician, for the duration of treatment to date. Subjectively, the injured worker admits to not doing well. There is numbness and tingling in the hands. Deplin is a medical food and not clinically indicated. Consequently, absent recommendations according to the official disability guidelines, Deplin 15 mg #39 with one refill is not medically necessary.

Desipramine 50mg, #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Desipramine 50 mg #60 with 1 refill is not medically necessary. Antidepressants are recommended as a first line option for neuropathic pain and are a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless ineffective, poorly tolerated or contraindicated. Analgesia occurs within a few days through week whereas antidepressant effects take longer to occur. In this case, the injured worker's working diagnoses are brachial neuritis or radiculitis; adhesive capsulitis shoulder; cervicgia; and depressive disorder not elsewhere classified. The date of injury is July 15, 1998. The injured worker has been under the care of [REDACTED], a family medicine physician, for the duration of treatment to date. Subjectively, the injured worker admits to not doing well. There is numbness and tingling in the hands. The treating physician prescribed Desipramine 50 mg as far back as November 21, 2013. The documentation does not contain evidence of objective functional improvement associated with long-term Desipramine use. The documentation is unclear as to whether Desipramine is used for neuropathic pain or the antidepressant effects. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of long-term Desipramine, Desipramine 50 mg #60 with 1 refill is not medically necessary.