

Case Number:	CM15-0033007		
Date Assigned:	02/26/2015	Date of Injury:	03/14/2010
Decision Date:	04/10/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 03/14/2010. The injury involved the right index finger and right carotid artery dissection which resulted in a CVA with left sided weakness. On provider visit dated 01/20/2015 the injured worker has reported left hip pain. The diagnoses have included hemiplegia affecting nondominant side, seizure disorder and chronic headaches. Treatment to date has included medication and physical therapy. On examination an abnormal gait due to left sided weakness and abnormal range of motion was noted. On 01/29/2015 Utilization Review non-certified Cambia Pow 50 mg, 56 count with three refills, Duloxetine 60 mg, thirty count with two refills and Oxcarbazepin 600 mg, sixty count with four refills. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cambia Pow 50 mg, 56 count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, NSAIDs, specific drug list & adverse effects for Diclofenac Potassium Page(s): 8-9, 70-73.

Decision rationale: According to the 1/20/15 medical report, the patient is being seen for right index finger injury and right carotid artery dissection that led to CVA 4-years ago, with left-sided weakness in the arm and leg. He underwent craniotomy on 7/3/2010, but continues to have headaches with nausea. He has left eye visual disturbance. He uses Cambia 50mg packets once or twice a day, with good tolerance and fair symptom control. MTUS Chronic Pain Medical Treatment Guidelines, pg 9, under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." MTUS Chronic Pain Medical Treatment Guidelines, pgs 70-73 for NSAIDs, specific drug list & adverse effects for Diclofenac Potassium (Cataflam, generic available) states: (Cataflam, diclofenac potassium immediate-release tablets Package Insert) Different formulations of diclofenac are not necessarily bioequivalent. Dosing: Cataflam: Osteoarthritis: Adults: 50 mg PO 2-3 times daily. Dosages > 150 mg/day PO are not recommended. Pain: 50mg PO 3 times per day (max dose is 150mg/day). An initial dose of 100 mg PO followed by 50-mg doses may provide better relief. Voltaren: Osteoarthritis: 50 mg PO 2-3 times daily or 75 mg PO twice daily. Dosages > 150 mg/day PO are not recommended. Ankylosing spondylitis: 25 mg PO 4 times a day with an extra 25-mg dose at bedtime if necessary. Voltaren-XR: 100 mg PO once daily for chronic therapy. Voltaren-XR should only be used as chronic maintenance therapy. Cambia pow is diclofenac potassium. The reporting state the patient has good adherence to using the medication, and that it is tolerated and that it has fair efficacy. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Cambia pow. MTUS does not recommend continuing treatment if there is not a satisfactory response. Based on the provided records, the request for Cambia pow 50mg, 56 count with three refills IS NOT medically necessary.

Duloxetine 60 mg, thirty count with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Pain Outcomes and Endpoints Page(s): 13-16, 8-9.

Decision rationale: The 1/29/15 Utilization Review letter states the Duloxetine 60mg thirty count with two refills requested on the 9/22/14 medical report was denied, but the letter is missing pages and the rationale for the denial was not available for this review. According to the 1/20/15 medical report, the patient is being seen for right index finger injury and right carotid artery dissection that led to CVA 4-years ago, with left-sided weakness in the arm and leg. He underwent craniotomy on 7/3/2010, but continues to have headaches with nausea. He has left eye visual disturbance. His diagnoses include chronic headaches; complex partial seizures; depression. He takes multiple medications including Cymbalta 60mg, 1 daily. The records show

use of Cymbalta/duloxetine since at least 8/12/14. MTUS Chronic Pain Medical Treatment Guidelines, pg 13-16 for Antidepressants for chronic pain states: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement". None of the provided medical reports discuss any benefit with use of Cymbalta or duloxetine. There is no mention of improvement in pain, mood, function or quality of life. MTUS does not recommend continued treatment without documentation of functional improvement. Based on the provided records, the continued use of Duloxetine 60mg thirty count with two refills IS NOT medically necessary.

Oxcarbazepin 600 mg, sixty count with four refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 16-18.

Decision rationale: The 1/29/15 Utilization Review letter states the Oxcarbazepine 600mg, sixty count with four refills requested on the 9/22/14 medical report was denied, but the letter is missing pages and the rationale for the denial was not available for this review. According to the 1/20/15 medical report, the patient is being seen for right index finger injury and right carotid artery dissection that led to CVA 4-years ago, with left-sided weakness in the arm and leg. He underwent craniotomy on 7/3/2010, but continues to have headaches with nausea. He has left eye visual disturbance. His diagnoses include chronic headaches; complex partial seizures; depression. He takes multiple medications including Oxcarbazepine, an antiepilepsy medication. MTUS Chronic Pain Medical Treatment Guidelines pages 16 -18 for anti-epilepsy drugs, Antiepilepsy drugs (AEDs) Outcome states: 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. FDA Boxed label for oxcarbazepine states Oxcarbazepine tablets are indicated for use as monotherapy or adjunctive therapy in the treatment of partial seizures in adults. MTUS recommends AED medications for neuropathic pain. None of the provided medical reports discusses any benefit with use of oxcarbazepine. There is no mention of improvement in pain, mood, function or quality of life. MTUS does not recommend continued treatment without documentation of functional improvement. The records do not support the continued use of oxcarbazepine for chronic pain. However, in this case, it appears the medication is being used for control of seizures. MTUS guidelines do not appear to discuss use of anti-epilepsy medications for epilepsy. The FDA boxed label indications for oxcarbazepine is for treatment of seizures. The physician is noted to be in the process of titrating up the dose of oxcarbazepine (on 2/18/15). Based on the provided records, the use Oxcarbazepine 600mg, sixty count with four refills IS medically necessary.

