

Case Number:	CM15-0055449		
Date Assigned:	03/30/2015	Date of Injury:	08/18/1992
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/23/2015

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, 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 53-year-old female, who sustained an industrial injury on August 18, 1992. The injured worker was diagnosed as having reflex sympathetic dystrophy, chronic pain syndrome, and depression. Treatment to date has included a home exercise program and medications including pain, antidepressant, and central nervous system stimulant. On April 7, 2015, the injured worker complains of increased pain of the right shoulder and reflex sympathetic dystrophy of the right upper extremity, and left upper extremity pain right to a rotator cuff tear from a fall when her right lower extremity gave out. She complains of increased left lower extremity weakness resulting in multiple falls and near falls. She has an internal stimulator, which is partially effective along with her pain medications in reducing her pain. In addition, she complains of low back pain, bilateral hip pain, and lower extremity discomfort. She has difficulty sleeping and difficulty with concentration and daytime somnolence. The physical exam revealed mild paraspinal muscle tenderness of the cervical spine, trigger point found, and normal range of motion and muscle tone. There was severe tenderness and allodynia of the right upper extremity from the shoulder to hand and range of motion could not be fully tested due to pain. The shoulder had diffuse tenderness to palpation, diffuse weakness, pain limiting stability, and positive apprehension. The elbow had tenderness to palpation, a contracture, diffuse weakness, pain limiting stability, and pain with gentle pronation/supination. The left upper extremity had decreased range of motion, pain at end range of all passive and active movement, no crepitus, and acromioclavicular joint pain. The left shoulder had tenderness to palpation, pain with internal and external rotation, decreased strength, no instability, positive Neer and

Hawkin's, and negative Apprehension. There was myofascial tenderness of the left upper arm. There was decreased strength of the left elbow, tenderness of the left wrist, decreased strength of the left wrist and hand, a negative Tinel's sign over the carpal tunnel, and no joint instability. The upper extremity reflexes were normal and sensation was intact. There was mild tenderness of the lumbosacral paraspinal muscles, mildly decreased range of motion with mild pain, normal paraspinal muscle strength, and negative bilateral straight leg raise. There was mild right knee joint line tenderness, full range of motion, positive crepitance, and normal stability tests. There was mild tenderness to palpation and pain on external rotation with flexion of the left hip. There were normal stability tests of the left lower extremity. There was mild decreased strength of the bilateral lower extremities. The bilateral patellar deep tendon reflexes were normal. There was impaired sensation to light touch of the lateral aspect of the left thigh. The treatment plan includes continuing her antidepressant and central nervous system stimulant medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 3/9/2015) Effexor R 150mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor).

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Effexor ER 150mg #30 with three refills retrospective date of service March 9, 2015 is not medically necessary. Effexor is an antidepressant in a group of drugs called selective serotonin norepinephrine reuptake inhibitors (SSNRI). Antidepressants are first-line option for neuropathic pain and the possibility for non-neuropathic pain. Effexor is approved for anxiety, depression, panic disorder and social phobias. Off label uses include fibromyalgia, neuropathic pain and diabetic neuropathy. In this case, the injured worker's working diagnoses are pain joint involving shoulder; rotator cuff tear; reflex sympathetic dystrophy upper limb; peripheral neuropathy; paresthesias; pain in limb; chronic pain syndrome; and depression. The injured worker has a history of depression and is being treated for depression with Effexor. There is no documentation of objective functional improvement or ongoing benefit with Effexor. Consequently, absent clinical documentation with objective functional improvement with Effexor ongoing use, Effexor ER 150mg #30 with three refills retrospective date of service March 9, 2015 is not medically necessary.

Retrospective (DOS 3/9/2015) Concerta 36mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682188.html>.

Decision rationale: Pursuant to Medline plus, Concerta 36 mg #30 retrospective date of service March 9, 2015 is not medically necessary. Methylphenidate is used as part of a treatment program to control symptoms of attention deficit hyperactivity disorder (ADHD). Methylphenidate (Ritalin, Ritalin SR, Methylin, Methylin ER) is also used to treat narcolepsy (a sleep disorder that causes excessive daytime sleepiness and sudden attacks of sleep). Methylphenidate is in a class of medications called central nervous system (CNS) stimulants. It works by changing the amounts of certain natural substances in the brain. In this case, the injured worker's working diagnoses are pain joint involving shoulder; rotator cuff tear; reflex sympathetic dystrophy upper limb; peripheral neuropathy; paresthesias; pain in limb; chronic pain syndrome; and depression. Concerta is indicated for attention deficit disorder (ADHD) and narcolepsy. Concerta should be used as an integral part of the treatment program that includes psychological, educational and social measures. The documentation indicates the injured worker has hypersomnolence and difficulty with concentration. However, the injured worker does not have a diagnosis of ADHD or narcolepsy. Additionally, there is no documentation of objective functional improvement with ongoing Concerta. Consequently, absent clinical documentation with objective functional improvement with an appropriate clinical indication for use, Concerta 36 mg #30 retrospective date of service March 9, 2015 is not medically necessary.