

<b>Case Number:</b>	CM15-0072357		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: 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 46 year old male, who sustained an industrial injury on 9/03/2013. Diagnoses include close cervical fracture of the second cervical vertebrae, extensive impingement of the anterior aspect of the vertebral artery, ulnar neuritis on the left, median neuritis on the left, impingement on the left shoulder with rotator cuff inflammation, depression, insomnia, sexual dysfunction, sleep dysfunction and memory changes due to chronic pain and brachial root irritation. Treatment to date has included diagnostics, medications, chiropractic care, TENS unit, bracing and physical therapy. Per the Primary Treating Physician's Progress Report dated 2/18/2015, the injured worker reported constant pain in the neck with radiation down to the elbow on the right. There was pain in the left elbow reaching to the base of the thumb. Physical examination revealed neck flexion is to 25 degrees and extension to 15 degrees. Left upper extremity abducts to 90 degrees. The plan of care included, and authorization was requested for Topamax, Flexeril, Naproxen, Trazodone, Effexor, Ultracet, laboratory evaluations and urine drug screen, psychiatric consultation for depression, psychiatrist consultation for maintaining function and consultation of neuropsychologists for mood changes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 50mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) - Anti-epilepsy drugs (AEDs) Page(s): 17-21.

**Decision rationale:** According to the CA MTUS (2009) Anti-Epilepsy Drugs (AEDs) are considered a first-line treatment for neuropathic pain. Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Review of Medical Records do not show that the use of all other first line anticonvulsants have not been effective in this injured worker for maintaining any functional improvement. Based on the currently available information, the request for this medication is not medically necessary and has not been established.

**Flexeril 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Muscle relaxants.

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the available records show that the injured worker has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary. Of note, discontinuation of medicine should include a taper, to avoid withdrawal symptoms, weaning is typically recommended

**Naproxen 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** As per MTUS Guidelines Naproxen is a non-steroidal anti-inflammatory medication (NSAID). This type of medication is recommended for the treatment of chronic pain

as a second line of therapy after acetaminophen. The documentation indicates the patient has been maintained on long-term NSAID therapy and there has been no compelling evidence presented by the provider to document that the patient has had any functional improvements from this medication. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

**Trazodone 50mg #60:** 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) Mental Illness & Stress Chapter.

**Decision rationale:** Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. In this case, there is no documentation of a history of depression, anxiety and insomnia. There is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of this medication, and also review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining any measurable objective evidence of functional improvement. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

**Effexor XR 75mg #60:** 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 Chapter - Venlafaxine (Effexor).

**Decision rationale:** According to the ODG, Venlafaxine (Effexor) is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine is a member of the selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for the treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. It may have an advantage over tricyclic antidepressants due to lack of anticholinergic side effects. In this case, the patient has symptoms of depression, anxiety, and stress-related medical complaints secondary to an industrial stress injury to the psyche. However, there is no documentation of objective functional benefit with prior medication use. Medical necessity for the requested medication has not been established. Of note, withdrawal effects can be severe. Abrupt discontinuation should be

avoided and tapering is recommended before discontinuation. The requested medication is not medically necessary.

**Ultracet 37.5/325 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97.

**Decision rationale:** The medication requested for this patient is Ultracet (Tramadol plus Acetaminophen). According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the medical documentation there has been no indication of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Per California MTUS Guidelines, there have to be certain criteria followed, including an ongoing review and documentation of pain relief and functional status. Medical necessity for the requested medication has not been established. The requested treatment with Ultracet is not medically necessary. Of note, withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation.

**Testing: laboratory services: blood testing for liver and kidney function times one:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [labtestonline.org/understanding/analytes/bmp](http://labtestonline.org/understanding/analytes/bmp) and Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** MTUS state use NSAIDS with caution in patients with moderate hepatic impairment, and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Medical records do not indicate if this injured worker had previous lab tests, therefore, request for blood testing for liver and kidney function times one is medically necessary. The Medical necessity of the requested item has been established.

**Psychiatric consultation for depression:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Office visits.

**Decision rationale:** MTUS recommends Psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. MTUS state Consider a psych consult if there is evidence of depression, anxiety or irritability. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. ODG state Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. Medical records of injured worker do give information about the complaints of anxiety, depression, and insomnia that will make it necessary for the requested treatment. Given the information, the request is medically necessary.

**Physiatrist consultation for fracture and maintaining function:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines (ODG).

**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 Office visits.

**Decision rationale:** ODG states Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. Physiatrists, or rehabilitation

physicians, are nerve, muscle, and bone experts who treat injuries or illnesses. The treating provider notes that the injured worker is having ongoing symptoms, therefore, the Requested Treatment. Psychiatrist consultation is medically necessary and appropriate.

**Panel of neuropsychologists for mood changes: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Office visits.

**Decision rationale:** MTUS recommends Psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. MTUS state Consider a psych consult if there is evidence of depression, anxiety or irritability At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. ODG state Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, given the determination that Psychiatric consultation is necessary for this injured worker, the Requested Treatment: Panel of neuropsychologists is not medically necessary or appropriate.

**Ten panel urine drug screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 Urine Drug Testing (UDT).

**Decision rationale:** ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction &

misuse. (4) If aberrant behavior or misuse is suspected and/or detected. The review of Medical Records does not indicate substance abuse, noncompliance, or aberrant behavior. The treating provider does not provide any documentation about the need for Urine Toxicology. Guidelines are not met; therefore, the request is not medically necessary. It is also determined that use of opioids is not medically necessary or appropriate.