

<b>Case Number:</b>	CM15-0084751		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	11/03/1998
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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, New York, 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 applicant is a represented 54-year-old who has filed a claim for chronic shoulder, hand, arm, and neck pain reportedly associated with an industrial injury of November 3, 1998. In a Utilization Review report dated April 21, 2015, the claims administrator denied requests for metoprolol, amitriptyline, Lyrica, and Cymbalta. The claims administrator referenced a RFA form dated April 14, 2015 and associated progress notes of April 8, 2015 and February 25, 2015 in its determination. The applicant's attorney subsequently appealed. On April 8, 2015, the applicant reported ongoing complaints of headaches and neck pain. The applicant was pending epidural steroid injection therapy and/or Botox injections, it was acknowledged. The applicant expressed frustration with his various chronic pain issues. The applicant exhibited a normal gait with some dysesthesias about the bilateral hands. Limited cervical range of motion and dystonia were also appreciated following earlier failed cervical surgery. The attending provider again reiterated his request for an epidural steroid injection. The applicant's work status was not furnished on this occasion. Medication selection and medication efficacy were not discussed. The applicant's medication list was not attached. On March 27, 2015, the attending provider apparently appealed previously denied medications and facet joint neurotomy procedures. The attending provider stated that the applicant had used metoprolol, Elavil, Lyrica, and Cymbalta and had been refractory to these treatment options. The attending provider thus, seemingly suggested that the applicant pursue Botox injections and/or facet joint neurotomy injections on the grounds that the applicant had failed various and sundry medications, including medications at issue. It was not, however, explicitly stated for what purpose these medications were being

employed. On February 2, 2015, once again, the applicant's complete medication was not detailed. Botox injections were sought. The applicant's work status was not explicitly stated, although it was suggested that the applicant was no longer working after having undergone vocational rehabilitation following earlier failed cervical spine surgery. The applicant was on Xanax, Soma, and Fioricet, it was reported in various sections of the note. The attending provider did not, however, state whether or not these three medications represented the entirety of the applicant's medication list. The remainder of the file was surveyed on several occasions. The treating providers did not formally document the applicant's medication list on any of the office visits provided. The treating providers did not incorporate much discussion of medication efficacy, it was further noted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Month supply of Metoprolol: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration.

**Decision rationale:** No, the request for metoprolol (Lopressor), was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it had been prescribed into his choice of recommendations so as to ensure proper usage and to manage expectations. Here, however, the attending provider providers did not clearly stated for what purpose, issue, and/or diagnosis metoprolol (Lopressor) had been furnished. While the Food and Drug Administration (FDA) does acknowledge that metoprolol (Lopressor) is indicated in the treatment of hypertension, angina pectoris, and/or status post myocardial infarction, here, however, it was not clearly stated or clearly established for what purpose metoprolol had been selected. There was no mention of the applicant's carrying diagnosis of angina or hypertension. There was no mention of the applicant's having previously sustained a myocardial infarction. Therefore, the request was not medically necessary.

#### **1 Month supply of Amitriptyline: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13.

**Decision rationale:** Similarly, the request for amitriptyline (Elavil) was likewise not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that amitriptyline (Elavil) is recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication

into his choice of recommendations. Here, however, the attending provider's progress note did not incorporate much discussion of medication efficacy other than to point out that the applicant's headaches had proven recalcitrant to various medications, including the amitriptyline (Elavil) at issue. The applicant did not appear to be working following earlier failed cervical spine surgery and following a failed course of vocational rehabilitation. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of amitriptyline (Elavil). Therefore, the request was not medically necessary.

**1 Month supply of Lyrica: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

**Decision rationale:** Similarly, the request for Lyrica (pregabalin), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin (Lyrica) is indicated in the treatment of diabetic neuropathic pain and/or pain associated with postherpetic neuralgia and, by analogy, neuropathic or radicular pain complaints in general, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, it did not appear that the applicant was working following earlier failed cervical spine surgery and following a failed vocational rehabilitation course. The applicant's pain complaints were described as refractory to various and sundry medications, including Lyrica, on a progress note dated March 27, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Lyrica. Therefore, the request was not medically necessary.

**1 Month supply of Cymbalta: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15.

**Decision rationale:** Finally, the request for Cymbalta, an antidepressant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta is FDA approved in the treatment of anxiety and depression but can be employed off label for radiculopathy, as was/is present here, this recommendation is likewise qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant did not appear to respond favorably to ongoing usage of Cymbalta. The applicant's headaches and chronic pain complaints were described as refractory to Cymbalta as of a progress note dated March 27, 2015. It was

suggested that the applicant had failed to return to work following earlier failed cervical spine surgery and following a failed course of vocational rehabilitation on a progress note of February 2, 2015. The applicant's neck pain and headaches were described as heightened from visit to visit as opposed to reduced from visit to visit, despite ongoing usage of Cymbalta. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.