

Case Number:	CM15-0088048		
Date Assigned:	06/02/2015	Date of Injury:	06/29/2010
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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: Pennsylvania

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 65 year old female with an industrial injury dated 06/29/2010. Her diagnoses included chronic migraine headache, myofascial pain syndrome, rotator cuff tear - left shoulder, bilateral carpal tunnel syndrome, chronic pain, and pain induced depression. Additional medical history includes hypertension and coronary artery disease with myocardial infarction and stent placement. Treatment has included medications, injections, shoulder surgery, physical therapy, and left carpal tunnel surgery. Progress notes from 2014 and 2015 were submitted. Work status was noted as disabled and unable to return to regular work, with restrictions noted. Progress notes from 2014 state that the injured worker was able to do more when she was taking Lyrica, but that this medication had been denied. Medications have included zorvolex, tramadol, and duloxetine (for neuralgia). Gabapentin was prescribed in December 2014 but was subsequently noted to be denied. Activities of daily living were noted to be limited by chronic pain but tolerated with medications. In March 2015, the treating physician documented that the injured worker was prescribed propranolol to reduce palpitations, which were attributed to duloxetine. An Agreed Medical Examination in March 2015 notes that the injured worker's medications included various heart medications which were not specified; cardiac medications were also not specified by the treating physician. She presents on 04/20/2015 and states medications (Duloxetine, Zorvolex and Tramadol) have reduced her overall pain by 50%. Propranolol had decreased the severity of her anxiety and palpitations. Sleep duration had increased from 3 hours to 6 hours with current treatment and headaches had decreased significantly with current medications. The provider documented that the injured

worker has moodiness, depression and difficulty with focus and concentration have developed due to chronic pain, and cognitive behavioral therapy was requested. Activities of daily living have continued to improve with her current treatment. Treatment plan consisted of cognitive behavioral evaluation, cognitive behavioral therapy, psychological testing, psychotherapy, trigger point injections to the left shoulder, Propranolol, psychotherapy, Tramadol, Duloxetine, Topiramate and Zorvolex. The physician documented request for consultation for cognitive behavioral training, psychological testing, 4 psychotherapy trial visits for cognitive behavioral training, and 10 psychotherapy visits for cognitive behavioral training. Topiramate was prescribed for migraine headaches. At a visit on 4/27/15, it was noted that topiramate has reduced neuralgia, migraine headaches, and insomnia. On 4/29/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to left shoulder Qty: 9.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: This injured worker has chronic shoulder pain with history of prior rotator cuff repair. The MTUS states that trigger point injections are recommended only for myofascial pain syndrome in order to maintain function when myofascial trigger points are present on examination. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Specific criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms which have persisted for more than three months, medical management therapies have failed to control pain, radiculopathy is not present, no more than 3-4 injections per session, no repeat injections unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement, frequency should not be at an interval less than two months, and injections other than local anesthetic with or without steroid are not recommended. In this case, there was no documentation of trigger points on any recent physical examination. The number of injections requested (9) is in excess of the number per session recommended by the guidelines (3-4). As such, the request for Trigger point injections to left shoulder Qty: 9.00 is not medically necessary.

Cognitive behavioral therapy Qty: 10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Cognitive Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions p. 23, psychological evaluations and treatment p. 100-102 Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: cognitive behavioral therapy (CBT), cognitive therapy for depression.

Decision rationale: This injured worker was noted to have chronic pain and depression. Per the MTUS, psychological evaluations are recommended with selected use in pain problems and the chronic pain populations. Psychological interventions are recommended for appropriately identified patients during treatment of 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. The MTUS for chronic pain states that an initial trial of 3-4 psychotherapy visits over 2 weeks is recommended, and that with evidence of functional improvement, there may be a total of 6-10 visits over 5-6 weeks. Regarding cognitive therapy for the treatment of depression, the ODG states that studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement. The ODG states that cognitive behavior therapy for depression is recommended. The ODG states that up to 13-20 visits for psychotherapy over 7-20 weeks are indicated if progress is being made, and in cases of severe major depression or post-traumatic stress disorder, up to 50 sessions are indicated if progress is being made. The treating physician has submitted two requests for psychotherapy/cognitive behavioral therapy. This request for 10 sessions is in excess of the guideline recommendation for an initial trial of 3-4 visits per the MTUS and 4-6 visits per the ODG. As such, the request for Cognitive behavioral therapy Qty: 10 is not medically necessary.

Psychotherapy Qty: 4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Cognitive Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions p. 23, psychological evaluations and treatment p. 100-102 Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: cognitive behavioral therapy (CBT), cognitive therapy for depression.

Decision rationale: This injured worker has diagnoses of chronic pain and depression. Per the MTUS, psychological evaluations are recommended with selected use in pain problems and the chronic pain populations. Psychological interventions are recommended for appropriately identified patients during treatment of 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. The MTUS for chronic pain states that an initial trial of 3-4 psychotherapy visits over 2 weeks is recommended, and that with evidence of functional improvement, there may be a total of 6-10 visits over 5-6 weeks. Regarding cognitive therapy for the treatment of depression, the ODG states that studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement. The ODG states that cognitive behavior therapy for depression is recommended. The ODG states that up to 13-20 visits for psychotherapy over 7-20 weeks are indicated if progress is being made, and in cases of severe major depression or post-traumatic stress disorder, up to 50 sessions are indicated if progress is being made. In this case, the treating physician has documented symptoms of depression and anxiety, as well as chronic multifocal pain. The injured worker has been treated with Duloxetine with documentation of persistent symptoms. The number of sessions requested (4) is within the parameters of an initial trial per both the MTUS and ODG. The Utilization Review determination denied the request for psychotherapy, stating that it was not clear how the current symptoms are related to wrist and shoulder symptoms, that the injured worker has a cardiac history, and that a onetime cognitive behavioral evaluation may be approved for evaluation and treatment recommendations. However, due to ongoing symptoms of depression and chronic pain, and the guideline recommendations for psychological evaluation and treatment, the request for Psychotherapy Qty: 4 is medically necessary.

Psychological testing Qty: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Cognitive Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy 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 and stress chapter: psychological evaluations.

Decision rationale: This injured worker has diagnoses of chronic pain and depression. The ODG states that psychological evaluations are recommended; they are generally accepted, well-established diagnostic procedures with use in pain problems and chronic pain populations. There is no single test that can measure all the variables; hence, a battery from which the appropriate test can be selected is useful. The Utilization Review determination denied the request for psychological testing, stating that there was not any support for psychological testing. However, the treating physician has provided documentation of ongoing issues with chronic pain and depression, and the guidelines support the use of psychological evaluations and testing. As such, the request for psychological testing is medically necessary.

Propranolol 10mg Qty: 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402. Decision based on Non-MTUS Citation Overview of palpitations

in adults. In UpToDate, Post TW (Ed), UpToDate, Waltham, MA 2015 Propranolol: Drug information. In UpToDate, Post TW (Ed), UpToDate, Waltham, MA 2015.

Decision rationale: This injured worker was noted to have anxiety and palpitations. The treating physician noted that the palpitations were attributed to Duloxetine, and propranolol was requested for the treatment of palpitations and anxiety. Propranolol is a nonselective beta blocker which is an antianginal, antiarrhythmic, and antihypertensive agent. Uses include management of tachyarrhythmias. It is sometimes used off-label for performance anxiety. The ACOEM states that anxiolytics are not recommended as first-line therapy for stress-related conditions because they can lead to dependence and do not alter stressors or the individual's coping mechanisms. They may be appropriate for brief periods in cases of overwhelming symptoms that interfere with daily functioning or to achieve a brief alleviation of symptoms that allow the patient to recoup emotional or physical resources. Regarding the symptoms of palpitations, the guideline cited states that the diagnostic evaluation of all patients with palpitations should include a detailed history, physical examination, 12-lead electrocardiography, and laboratory testing. In some cases, ambulatory monitoring is helpful and rare patients need more specialized testing. In this case, the injured worker was documented to have a history of coronary artery disease with prior myocardial infarction and history of stent placement. There was no documentation of performance of a diagnostic evaluation for palpitations as described, which would be particularly important due to this injured worker's cardiac history. No electrocardiogram was noted to be performed or submitted. The management of most sustained supraventricular or ventricular arrhythmias causing palpitations involves referral to a specialist trained in the pharmacologic and invasive electrophysiologic management of arrhythmias. Most types of regular supraventricular tachycardias and some types of ventricular tachycardias are now curable with radiofrequency ablation. In the rare cases in which the supraventricular or ventricular ectopy proves incapacitating, treatment with beta-blockers may be initiated. Beta-blockers may not suppress the arrhythmia, but may eliminate the associated symptoms and make the patient more comfortable. The first line of therapy for inappropriate sinus tachycardia is pharmacologic treatment with beta-blockers or calcium channel blockers. In this case, the specific heart rhythm associated with the symptom of palpitations was not documented. The treating physician has prescribed propranolol in March 2015 to decrease palpitations related to the use of Duloxetine, without evaluation for etiology of the palpitations. Subsequent progress note in April 2015 states that propranolol decreased the severity of anxiety and palpitations. There was no documentation of evaluation for arrhythmia in this injured worker who has a relevant cardiac history. An Agreed Medical Examination from March 2015 noted that the injured worker's medications included various cardiac medications, which were not specified, and the reports from the treating physician do not list the additional medications, including any cardiac medications, being used by this injured worker. The documentation from the physician did not note consideration of such medications when propranolol was prescribed, and potential for interaction or contraindication with the current cardiac regimen was not considered. Due to insufficient evaluation of palpitations as recommended by the citation provided, lack of documentation of a specific arrhythmia for which a beta blocker would be indicated, and lack of consideration of this injured worker's cardiac history and concurrent cardiac medications, the request for propranolol is not medically necessary.

Topiramate 25mg Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax), Anti-epilepsy drugs Page(s): 21, 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants (antiepilepsy drugs (AEDs)) Page(s): 16-22. Decision based on Non-MTUS Citation Topiramate: drug information. In UpToDate, Post TW (Ed), UpToDate, Waltham, MA 2015.

Decision rationale: This injured worker has diagnoses of chronic pain and migraines. The documentation notes use of topiramate was related to neuralgia, migraine headaches, and insomnia. Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. 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. In this case, the documentation indicates that the injured worker had prior treatment with Lyrica, which was noted to be beneficial. The initial request for topiramate on 4/20/15 was related to migraine headaches. The MTUS and ODG do not address use of topiramate for migraines. Prescribing information for topiramate indicates that topiramate may be used for prophylaxis of migraine headache. The treating physician has provided only the most minimal mention of headaches in the reports. There is no account of the specific symptoms, pattern of headaches, and response to any prior treatment for migraines. Due to lack of documentation of failure of other anticonvulsants for chronic pain, and lack of documentation of sufficient evaluation and prior treatment for migraine headaches, the request for topiramate is not medically necessary.