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| <b>Case Number:</b>   | CM14-0161237 |                              |            |
| <b>Date Assigned:</b> | 10/06/2014   | <b>Date of Injury:</b>       | 11/15/2001 |
| <b>Decision Date:</b> | 11/03/2014   | <b>UR Denial Date:</b>       | 09/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/01/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 43 year old female with date of injury on November 15, 2001. She has history of (a) shoulder-hand syndrome (reflex sympathetic dystrophy of the upper limb) and (b) reflex sympathetic dystrophy of the lower extremity. Per March 6, 2014 records the injured worker went to provider and complained of her persistent pain rated 5/10. She reported increased pain from driving to her provider. She stated that her pain was mostly to her lower extremities (from feet to mid-calf with burning to bilateral feet) as well as low back. On examination, she reported muscle weakness (hands), back pain, and swelling in the extremities. May 8, 2014 records indicate that injured worker complained of a flare-up of baseline pain symptoms especially to the low back and left lower extremity. On June 27, 2014 she returned to her provider and complained of pain mostly located on the lateral sides of her thigh and low back. She described her pain as aching, electrical, pulsating, sharp, shooting, and throbbing. She rated her pain as 7/10. She also reported of fatigue, malaise, interference with sleep, cold intolerance, and felt depressed and anxious. She also reported left ankle joint swelling, stiffness, and tenderness. An extremity weakness was also noted in the lower left extremity. She also complained of headaches. Objectively, fatigue, lethargy, and night sweats were noted. Muscles aches, weakness, finger joint pain, back pain, and swelling in both feet were noted. She has wide-based gait and antalgic gait favoring the left. Records dated August 26, 2014 documents that the injured worker returned to her provider and complained of pain in the bilateral ankles and feet with radiation of pain from the bilateral lower extremities into the low back. She reported her pain as burning, sharp and "hot poker" and rated her pain as 5/10. She also reported of headaches, interference of sleep, anxiety, stress and depression. An examination noted her depression. Left and right antalgic gait was noted as well as forward flexed body posture.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prevacid 30mg DR Take 1 cap daily #30, 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.drugs.com>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs)

**Decision rationale:** Prevacid (Lansoprazole) is a proton pump inhibitor that is recommended for injured workers/injured workers who are considered at risk for gastrointestinal events secondary to chronic non-steroidal anti-inflammatory drugs (NSAIDs) usage. In this case, the injured worker does not have history of any type of ulcer and is not utilizing any non-steroidal anti-inflammatory drugs (NSAIDs). Therefore, the medical necessity of the requested Prevacid 30mg DR take 1 cap daily #30 with one refill is not established.

**Prochlorperazine maleate 10mg tab take 1 every 6hrs prn #60, 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.drugs.com>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus Prochlorperazine Website: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682116.html>

**Decision rationale:** Prochlorperazine belongs to the drug class phenothiazine's which are used to treat schizophrenia. It is also used to treat anxiety on a short-term basis if it cannot be controlled by other medications as well as severe nausea and vomiting. In this case, the injured worker's documents do not indicate that she exhibits any of the above mentioned indications except for anxiety however there is no indication in the presented documents that first-line anxiolytics have been tried and failed. Therefore, the medical necessity of the requested Prochlorperazine 10mg tab take one every six hours #60 with one refill is not established.

**Relpax 20mg take 1 onset of headache may repeat x1 after 2hrs #18, 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation <http://www.drugs.com>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans

**Decision rationale:** Relpax (eletriptan hydrobromide) classified under triptans which are recommended for migraine sufferers. Evidence-based guidelines indicate that all oral triptans are effective and tolerated and differences among them are in general relatively small but clinically relevant for individual injured workers. Guidelines further indicate that a poor response to one triptan does not predict a poor response to other agents in that class. In this case, the injured worker has been complaining of headaches and it is apparent that she relies on this medication due to complex regional pain syndrome (CRPS)-related headaches which provide temporary relief. However without evidence of improvement in spite of Relpax's continued use then there is no other justification that would support the continued use of Relpax. Therefore, the requested Relpax 20mg is not medically necessary.

**Remeron 15mg tab take 2 tab at bedtime #60 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS), anti-depressants are recommended as a first line option for neuropathic pain and as possibility for non-neuropathic pain. In this case, the diagnoses of the injured worker are reflex sympathetic dystrophy of the upper and lower limbs. Furthermore, neuropathic pain is characterized by symptoms such as lancinating, electric shock-like, paroxysmal, tingling, numbing and burning sensations that are distinct from nociceptive pain. Apart from the apparent diagnoses of the injured worker, she did describe the unique characteristics of her pain causing her disability. Therefore, the medical necessity of the requested Remeron 15mg tab take 2 tabs at bedtime #60 one refill is established. The previous reviewing physician determined that there is no functional benefit and the injured worker's pain is not primarily neuropathic in nature.

**Wellbutrin SR 100mg take 1 daily #30, 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.drugs.com>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS), anti-depressants are recommended as a first line option for neuropathic pain and as possibility for non-neuropathic pain. In this case, the diagnoses of the injured worker are reflex sympathetic dystrophy of the upper and lower limbs. Furthermore, neuropathic pain is characterized by symptoms such as lancinating, electric shock-like, paroxysmal, tingling, numbing and burning sensations that are distinct from nociceptive pain. Apart from the apparent diagnoses of the injured worker, she did describe the unique characteristics of her pain causing her disability. Therefore, the medical necessity of the requested Wellbutrin SR 100mg take 1

daily #30, 1 refill is established. The previous reviewing physician determined that there is no functional benefit and the injured worker's pain is not primarily neuropathic in nature.