

Case Number:	CM14-0082187		
Date Assigned:	08/08/2014	Date of Injury:	05/28/2012
Decision Date:	08/26/2015	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/03/2014

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. 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

Certification(s)/Specialty: Emergency 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 (IW) is a 39 year old male who sustained an industrial injury on 05/28/2012. He reported pain in the left upper extremity with weakness in the left elbow and wrist. The injured worker was diagnosed as having Reflex Sympathetic Dystrophy of left (dominant) upper extremity following surgery 08/23/2013. The worker has had stellate ganglion blocks x3, has obtained and used a transcutaneous electrical nerve stimulation (TENS) unit, had successful trigger point injections and has approval for placement of a spinal cord stimulator. He is seen monthly, has been prescribed lidocaine patches and Norco 10/325, Nortriptyline 10 mg at bedtime, Gabapentin 600mg three times daily for nerve pain, and Baclofen 10mg three times daily for spasms. His diagnoses also include unspecified myalgia and myositis, and fasciitis not otherwise specified. Treatment to date has included the aforementioned modalities plus physical therapy, and evaluation for a permanent spinal cord stimulator. Currently, the injured worker complains of severe limitation in his ability to perform his activities of daily living as he can walk 20 minutes before the motion severely aggravates his arm pain and triggers gastro intestinal symptoms of irritable bowel necessitating a 10-40 minute break depending on severity. He has full mobility in his right upper arm but has pain with extended use. His dominant left upper arm has minimal movement and he must use his right upper arm to compensate. He has locking of the right lower extremity but his left lower extremity has full use. Requests for authorization are made for the following: Lidoderm patches, samples #2; Nortriptyline HCL 10 mg #30 with 3 refills; Gabapentin, 300mg #180 with 2 refills; Norco 10/325mg #120; Urine Drug Screen; Intramuscular injection of B1 (100 mg), B6, B12, (1000mcg) and 1 Intramuscular

injection of Toradol; Psychological evaluation within the MPN regards Spinal Cord Stimulator trial; and 12 Cognitive Behavioral Therapy Sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches, samples #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: The request is for the use of a Lidoderm patch to aid in pain relief. The MTUS guidelines state that its use is indicated for post herpetic neuralgia after an initial trial of an anti-epileptic medication. Further research is needed to recommend use for chronic neuropathic disorders besides post-herpetic neuralgia. In this case, the patient does not have a diagnosis documented which would justify the use of Lidoderm patches. As such, the request is not medically necessary.

Nortriptyline HCL 10mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants for chronic pain.

Decision rationale: Medications in the class of Tricyclic antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain (Feuerstein, 1997), (Perrot, 2006). They are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect usually takes longer to occur (Saarto-Cochrane, 2005). Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality/duration, and psychological assessment. Side effects can include excessive sedation and should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at a minimum of 4 weeks. It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants can be undertaken. In this case, the use of this medication is not indicated based on the guidelines due to the refills requested which would not be advised unless proper re-evaluation has occurred after use. As such, the request is not medically necessary.

Gabapentin 300mg #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: The request is for the use of a medication in the category of an anti-epileptic drug (AED). These medications are recommended for certain types of neuropathic pain. Most of the randomized clinical control trials involved include post-herpetic neuralgia and painful polyneuropathy such as in diabetes. There are few trials which have studied central pain or radiculopathy. The MTUS guidelines state that a good response to treatment is 50 percent reduction in pain. At least a 30 percent reduction in pain is required for ongoing use, and if this is not seen, this should trigger a change in therapy. There also should be documentation of functional improvement and side effects incurred with use. Disease states which prompt use of these medications include post-herpetic neuralgia, spinal cord injury, chronic regional pain syndrome, lumbar spinal stenosis, post-operative pain, and central pain. There is inadequate evidence to support use in non-specific axial low back pain or myofascial pain. In this case, there is adequate documentation of a condition which would support the use of an anti-epileptic drug although prior to any refills, re-evaluation would need to be performed. As such, the request is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of functional improvement and screening measures for continued use of a medication in the opioid class. As such, the request is not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The request is for a drug screen for evaluation of illegal drug use. The MTUS guidelines state that a drug screen should be performed for patients with issues of abuse, addiction, or poor pain control. A random screen is advised for those who are considered at high risk. In this case, the patient does not meet the qualifying factors necessary. As such, the request is not medically necessary.

Intramuscular injection of B1 (100mg), B6, B12 (1000mcg) and intramuscular injection of Toradol: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) B vitamins & vitamin B complex, B vitamins for depression (vitamin B6, folic acid/folate, vitamin B12).

Decision rationale: The MTUS guidelines are silent regarding B vitamin supplementation. The ODG guidelines state that use is recommended as an option for special populations for long-term management of depression as an adjunct to antidepressant therapy, in particular if there is a deficiency. One theory for the potential benefit is that high plasma homocysteine has been associated with depression, and treatment with certain B vitamins reduces its concentration. A recent randomized controlled trial (evaluating use of vitamin B6, folic acid and vitamin B12 in combination) and subsequent meta-analysis (evaluating folic acid and vitamin B12 in combination) indicated that these various B vitamins used as a supplement to antidepressant therapy do not appear to decrease the severity of depressive symptoms over a period of several weeks (short-term) in people with depressive symptoms. The analysis did suggest that use over a long-term period enhances and sustains antidepressant response (Almeida, 2015), (Almeida, 2014). Other recent studies examining the role of folic acid and vitamin B12 found little evidence for potentiation of antidepressant medicine with this adjunct vitamin (Christensen, 2011). Future trials are suggested to investigate use for improving response to antidepressants. There is insufficient evidence to advise the use of B vitamins as a monotherapy for depression. (Sengul, 2014), (Nahas, 2011) The use of B vitamins is not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency. There are multiple B vitamins with specific symptoms due to deficiency: (1) vitamin B1 (thiamine)-beriberi; (2) vitamin B2 (riboflavin); (3) vitamin B3 (niacin or nicotinic acid)-pellagra; (4) vitamin B5 (pantothenic acid); (5) vitamin B6 (pyridoxine); (6) vitamin B7 (biotin); (7) vitamin B9 (folic acid)-megaloblastic anemia; (8) vitamin B12 (various cobalamins)-pernicious anemia, myelopathy, neuropathy, dementia, subacute combined degeneration of the spine, as well as decreased cognition. Treatment of vitamin B12 deficiency is most effective parenteral. Vitamin B Complex contains 8 vitamins plus para-aminobenzoic acid, inositol, and choline. It is frequently used for treating peripheral neuropathy but its efficacy is not known. A recent meta-analysis concluded that there are only limited data in randomized trials testing the effectiveness of vitamin B for treating peripheral neuropathy (diabetic and alcoholic). Evidence was insufficient to determine whether specific B vitamins or B complex for these conditions was beneficial or not (Ang-Cochrane, 2008), See B vitamins for depression in the Mental Health and

Stress Chapter. In this case, there is insufficient documentation of deficiency to support the use of B vitamins. As such, the request is not medically necessary.

12 Cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The request is for the use of cognitive behavioral therapy. The MTUS guidelines advise screening patients who are at risk for delayed recovery including fear avoidance beliefs. Initial therapy for "at risk" patients should be physical medicine for exercise instruction using a cognitive motivational approach. If there is lack of progress after 4 weeks of treatment, psychotherapy cognitive behavioral therapy can be considered. If there is evidence of functional improvement, 6-10 visits over 5-6 weeks are indicated. In this case, the number of sessions requested is not indicated based on the guidelines. As such, the request is not medically necessary.