

Case Number:	CM14-0088690		
Date Assigned:	07/23/2014	Date of Injury:	07/22/2012
Decision Date:	06/10/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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: 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 55-year-old female who sustained an industrial injury on 7/22/12 due to a fall. The injured worker has complaints of bilateral upper extremity pain. The diagnoses have included complex regional pain syndrome (CRPS) of the right upper extremity, elbow injury, fasciculations and weakness of the left upper extremity, ulnar nerve entrapment at elbow, right shoulder capsulitis, right wrist non-displaced chronic fracture, cervicalgia, anxiety, and depression. Treatment has included heat, ice, rest, gentle stretching with exercise, right elbow surgery including open reduction and internal fixation of right radial head fracture, and elbow replacement in 2012, acupuncture, physical therapy, splint immobilization, stellate ganglion blocks, and medications. Multiple stellate ganglion blocks on the right side were noted to have provided only minimal improvement in mobility but no pain relief. Evaluation has included magnetic resonance imaging (MRI) of the right shoulder on 1/25/13 which revealed tendinosis of the supraspinatus tendon, no rotator cuff tear. X-ray of the right elbow on 12/3/13 showed postoperative changes of the radial head arthroplasty with posterior subluxation and well-preserved joint space. Electrocardiogram on 12/18/13 showed sinus rhythm. Neurontin, Elavil, valium, Prozac, Norco, Temazepam, and Lidoderm have been prescribed since October 2013. At a visit on 11/4/13, the treating physician documented that the injured worker reported she was progressively incapable of performing simple activities of daily living and that she was at times incapacitated by pain, and would be bedridden without medications; pain was rated as 4-9/10 in severity. Sleepiness and slurred speech due to neurontin were noted. It was documented at a visit on 12/3/13 that the injured worker had not been able to return to work. At a visit on 12/8/13, it

was noted that the injured worker was under the care of a psychologist for depression, that she was also under the care of a pain management specialist and that she had had an orthopedic consultation. Ongoing difficulty with personal care and household activities were noted; a home health aide was requested. On 12/18/13, the treating physician documented that the injured worker reported continued worsening of pain and that medications were becoming less effective over time. Continued severe neck, upper back, interscapular, and bilateral shoulder pain were reported as well as tremors and fasciculations, weakness, and spasms. Medications included naproxen, Elavil, Neurontin, Lidoderm, valium, Prozac, Temazepam and Norco. Examination showed that the injured worker appeared depressed; there was limited cervical range of motion, tenderness and tightness, mildly positive Spurling's, right upper extremity allodynia and hypersensitivity to touch over the right shoulder, elbow and wrist, discoloration and coolness of the right arm and hand, fasciculations on the right from shoulder to fingers, contracture and weakness of the right hand, fasciculations of the left forearm and hand, and loss of proprioception in bilateral upper extremities. The injured worker was hospitalized on 12/19/13 for confusion, weakness and frequent falls, and was found to have dehydration and delirium. Progress notes in 2014 documented ongoing severe pain, similar examination findings, limitations of activities, and use of the same medications. Surgical evaluation for treatment for ulnar nerve entrapment and revision of the right elbow replacement was discussed. On 3/24/14, the injured worker was evaluated by an elbow specialist. Examination of the right elbow showed no subluxation, instability, or dislocation. The elbow moved smoothly but was blocked in attempts to supinate beyond 25 degrees. X-ray showed a radial head fracture, with presence of a postoperative right radial head, with extension beyond the lateral aspect of the trochlea, with no evidence of subluxation or dislocation. The radial head was noted to be prominent and large which may be contributing to lack of supination. The consultant documented that the injured worker had appropriate surgical intervention to the right elbow, discussed contribution chronic regional pain syndrome, and recommended non-operative treatment. At a visit on 5/15/14, it was noted that the injured worker's speech was slurred and that she was somnolent; it was noted that she had doubled the dose of gabapentin prescribed by the physician with subsequent disorientation, slurred speech, and weakness, and the dose of gabapentin was decreased due to these side effects. MRI of the elbow was requested for evaluation of ulnar nerve entrapment and status of joint replacement hardware. On 5/29/14, Utilization Review (UR) non-certified or modified requests for Temazepam 30mg #30 with 3 refills, gabapentin 600mg with 3 refills, norco 10/325mg #180 with 3 refills, valium 5mg #30 with 3 refills, Prozac 20mg #60 with 3 refills, one magnetic resonance imaging (MRI) of the right elbow, Elavil 25mg #30 with 3 refills, and unknown prescription of Lidoderm patches with 3 refills, citing the MTUS, ACOEM, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle Relaxants Page(s): 24, 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: benzodiazepines.

Decision rationale: This injured worker has chronic upper extremity pain with documentation of spasms and anxiety. Temazepam has been prescribed for at least seven months. Per the MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long-term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. This injured worker has been prescribed Norco, an opioid. This injured worker has also been prescribed valium, another benzodiazepine, which is duplicative and potentially toxic. A hospitalization for confusion, weakness and falls was documented in December 2013; contribution of medication to this event was considered during the hospital stay but not further addressed by the treating physician. There was no documentation of functional improvement as a result of medication use. The injured worker was not working and was noted to have ongoing significant limitations in activities of daily living, without documentation of medication reduction or decrease in frequency of office visits. Temazepam is not medically necessary due to length of use in excess of the guidelines, lack of functional improvement, and potential for toxicity.

Gabapentin 600mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants (Antiepilepsy Drugs (AEDs)) Page(s): 16-22.

Decision rationale: Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. A good response to the use of AEDs is defined as a 50% reduction in pain and a moderate response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. This injured worker has been prescribed gabapentin (neurontin) for at least 7 months. On multiple occasions, the treating physician noted sleepiness and slurred speech due to neurontin. Documentation noted ongoing severe pain and lack of functional improvement. The injured worker was not working and was noted to have ongoing significant limitations in activities of daily living, without documentation of medication reduction or decrease in frequency of office visits. Due to lack of reduction in pain, lack of functional improvement, and documentation of significant side effects, the request for gabapentin is not medically necessary.

Norco 10/325mg #180 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: This injured worker has chronic upper extremity pain. Norco has been prescribed for at least 7 months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. There was no discussion of functional goals, and no documentation of opioid contract. No random drug testing was documented. There was no documentation of functional improvement as a result of medication use. The injured worker was not working and was noted to have ongoing significant limitations in activities of daily living, without documentation of medication reduction or decrease in frequency of office visits. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The documentation reflects ongoing and worsening pain and significant limitations in activities of daily living including personal care. A hospitalization for confusion, weakness and falls was documented in December 2013; contribution of medication to this event was considered during the hospital stay but not further addressed by the treating physician. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Valium 5 mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle Relaxants Page(s): 24, 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: benzodiazepines.

Decision rationale: This injured worker has chronic upper extremity pain with documentation of spasms and anxiety. Valium has been prescribed for at least seven months. Per the MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long-term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. This injured worker has been prescribed Norco, an opioid. This injured worker has also been prescribed Temazepam, another benzodiazepine, which is duplicative and potentially toxic. A hospitalization for confusion, weakness and falls was documented in December 2013; contribution of medication to this event was considered during the hospital stay but not further addressed by the treating physician. There was no documentation of functional improvement as a result of medication use. The injured worker was not working and was noted to have ongoing significant limitations in activities of daily living, without documentation of medication reduction or decrease in frequency of office visits. Valium is not medically necessary due to length of use in excess of the guidelines, lack of functional improvement, and potential for toxicity.

Prozac 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Fluoxetine (Prozac).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines Antidepressants, SSRIs Page(s): 13-16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

Decision rationale: The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. 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 and duration, and psychological assessment. Selective serotonin reuptake inhibitors (SSRIs) are controversial based on clinical trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. This injured worker has chronic upper extremity pain and was also noted to have depression.

Treatment with a psychologist for depression was discussed. There was no documentation of recent evaluation for depression, including no discussion of the severity of symptoms and no mental status examination. Prozac has been prescribed for at least 7 months, without documentation of significant pain relief, improvement in depression, or functional improvement. The injured worker was not working and was noted to have ongoing significant limitations in activities of daily living, without documentation of medication reduction or decrease in frequency of office visits. Due to lack of sufficient evaluation of depression, and lack of functional improvement, the request for Prozac is not medically necessary.

MRI of the Right Elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow chapter: MRIs.

Decision rationale: The ACOEM recommends MRI of the elbow for suspected epicondylalgia. The ODG states that MRI may provide diagnostic information for evaluation the elbow in certain conditions such as chronic elbow pain with non-diagnostic plain films, including intra-articular osteocartilaginous body, occult injury such as osteocondral injury, collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. Repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of significant pathology. This injured worker has chronic elbow pain, status post joint replacement surgery, and ulnar nerve entrapment. The UR determination noted that current findings were unchanged from prior visits and that there were no recent plain films; however, the documentation does show plain elbow films from December 2013 and March 2014. Due to presence of chronic elbow pain and documentation of ulnar nerve entrapment, the request for MRI of the right elbow is medically necessary.

Elavil 25mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline (Elavil).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

Decision rationale: The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. 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 and duration, and psychological assessment. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. This injured worker has chronic upper extremity pain and was also noted to have depression. Treatment with a psychologist for depression was discussed. There was no documentation of recent evaluation for depression, including no discussion of the severity of symptoms and no mental status examination. Elavil has been prescribed for at least 7 months, without documentation of significant pain relief, improvement in depression, or functional improvement. The injured worker was not working and was noted to have ongoing significant limitations in activities of daily living, without documentation of medication reduction or decrease in frequency of office visits. Due to lack of sufficient evaluation of depression, and lack of functional improvement, the request for Elavil is not medically necessary.

Lidoderm Patches with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or Lyrica. In this case, there was documentation of use of antidepressant and anticonvulsant medication, but these agents were prescribed simultaneously with Lidoderm. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. This injured worker has chronic upper extremity pain. Lidoderm has been prescribed for at least seven months. There was no documentation of functional improvement as a result of medication use. The injured worker was not working and was noted to have ongoing significant limitations in activities of daily living, without documentation of medication reduction or decrease in frequency of office visits. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of functional improvement as a result of use of Lidoderm, and unstated quantity requested, the request for Lidoderm patches is not medically necessary.