

Case Number:	CM15-0001524		
Date Assigned:	01/12/2015	Date of Injury:	03/18/2013
Decision Date:	03/11/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Massachusetts

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 IW is a 51 year old female who was injured on 3/18/13 with an unknown mechanism of injury. According to recent records the patient was evaluated on 12/23/14 reporting lower back pain with radicular pain, weakness and bilateral left leg pain. Pain is rated as 8/10 as well as right shoulder pain of 8/10 severity that is sore and stiff. In addition there is neck and arm pain. The patient reports "continuing substantial benefit of the medications, and she has nociceptive, neuropathic, and inflammatory pain. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported... no side effects, no complications, UDS was WNL as they all are... reports 90% improvement in pain. She is on the lowest effective dosing... she has attempted to wean the medications with increased pain, suffering and decreased functional capacity". On physical exam there is pain over palpation to the cervical spine and facet capsules bilaterally. There is also myofascial pain with a positive spurling maneuver and maximal foraminal compression. There is decreased light touch to the C6, C8 and L5 dermatomes. There was an MRI of the lumbar spine which showed degenerative disc disease and disc bulging. MRI to the cervical spine from 8/20/14 showed midline protrusion at C3-4 which extends laterally into the right neural foramina Diagnoses includes cervicalgia, lumbalgia, shoulder pain, and epidondylitis. Treatment plan includes butrans 20mcg patch, fetzima 80mg once daily, nortriptyline 25mg nightly, tramadol 50mg three times daily. The peer-review has denied all medications stating that while the medications are appropriate treatment, however "in this case, no indication to the level of relief from current medication. Therefore the requested medications are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fetzima 80mg, 1 Tablet PO QD Qty30 with 3 Refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 1.

Decision rationale: Fetzima is a SNRI anti-depressant which has been to be show clinically effective in treating chronic neuropathic pain. According to CA MTUS this class of medications, SNRI is recommended as an option in first-line treatment of neuropathic pain. It has FDA approval for treatment of depression and anxiety disorders. It is off label recommended for treatment of neuropathic pain. The peer-reviewer has denied this medication stating that there is "no indication to the level of relief from the current medication." Despite this the recent records reviewed clearly stated: "continuing substantial benefit of the medications... There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported... no side effects, no complications, UDS was WNL as they all are... reports 90% improvement in pain. She is on the lowest effective dosing... she has attempted to wean the medications with increased pain, suffering and decreased functional capacity". Based on the clearly documented efficacy and supported CA MTUS guidelines, this medication is medically necessary and appropriate.

Nortriptyline 25mg, 1 Tablet PO QHS Qty 30 with 3 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic Anti-Depressants Page(s): 15. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/12590621>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TCA Page(s): 94.

Decision rationale: Nortriptyline is a TCA and is a class of anti=depressant medications that is clinically shown to improve neuropathic pain. It is considered a first line treatment in treating chronic neuropathic pain. The peer-reviewer has denied this medication stating that there is "no indication to the level of relief from the current medication." Despite this the recent records reviewed clearly stated: "continuing substantial benefit of the medications... There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported... no side effects, no complications, UDS was WNL as they all are... reports 90% improvement in pain. She is on the lowest effective dosing... she has attempted to wean the medications with increased pain, suffering and decreased functional capacity". Based on the clearly documented

efficacy and supported CA MTUS guidelines, this medication is medically necessary and appropriate.

Tramadol 50mg, 1 Tablet PO TID Qty 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion, and dependence. From my review of the provided medical records there is clear description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. Pain symptoms are reportedly significantly improved with noted improvement in objective physical exam findings and functional capacity. This medication is being used in conjunction with a first line neuropathic agent, amitriptyline. Consequently continued use of short acting opioids is supported by the medical records and guidelines as being medically necessary. The peer-reviewer has denied this medication stating that there is "no indication to the level of relief from the current medication." Despite this the recent records reviewed clearly stated: "continuing substantial benefit of the medications... There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported... no side effects, no complications, UDS was WNL as they all are... reports 90% improvement in pain. She is on the lowest effective dosing... she has attempted to wean the medications with increased pain, suffering and decreased functional capacity". Based on the clearly documented efficacy and supported CA MTUS guidelines, this medication is medically necessary and appropriate.

Butrans 20mcg/hr. Patch, Apply One Patch to Skin for 7 Days #4 with 3 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 26, 27, and 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion, and dependence. From my review of the provided medical records there is clear description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. Pain symptoms are reportedly significantly improved with noted improvement in objective physical exam findings and functional capacity. This medication is being used in conjunction with a first line neuropathic agent, amitriptyline and total MED is below upper guideline limits. Consequently continued use of long acting opioids is supported by the medical records and

guidelines as being medically necessary. The peer-reviewer has denied this medication stating that there is "no indication to the level of relief from the current medication." Despite this the recent records reviewed clearly stated: "continuing substantial benefit of the medications... There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported... no side effects, no complications, UDS was WNL as they all are... reports 90% improvement in pain. She is on the lowest effective dosing... she has attempted to wean the medications with increased pain, suffering and decreased functional capacity". Based on the clearly documented efficacy and supported CA MTUS guidelines, this medication is medically necessary and appropriate.

10 Physical Therapy Visits for Bilateral Shoulders, Elbows (2 times a week for 5 weeks):
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-101.

Decision rationale: According to MTUS guidelines physical therapy is recommended as it is helpful in controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries. The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks. There is nothing reported in the medical records provided regarding previous attempts of physical therapy and the number of visit requested are within the number of recommended initial sessions. Consequently based on the guidelines and my review of the provided records I believe the requested sessions of physical therapy are indicated.