

Case Number:	CM15-0017698		
Date Assigned:	03/13/2015	Date of Injury:	09/03/2010
Decision Date:	04/14/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/29/2015

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 35-year-old female who sustained an industrial injury on September 3, 2010. The injured worker had reported neck, low back and right lower extremity pain related to a motor vehicle accident. The injured worker sustained a whiplash injury and an injury to the right ankle for which she underwent arthroscopy. The diagnoses have included chronic headache syndrome, chronic body aches and pain, cervical whiplash syndrome, cervical radiculopathy, cervical disc herniation and pain, degenerative joint disease, lumbosacral disc degeneration, sprain and strain of right wrist, right ankle injury, insomnia, anxiety, and depressive disorder. Additional medical history includes bariatric surgery in 2010. Treatment/evaluation to date has included medications, radiological studies including MRI of the cervical and lumbar spine and right ankle, massage, trigger point injections, transcutaneous electrical nerve stimulation (TENS) unit, exercise, acupuncture, physical therapy, chiropractic treatment, electrodiagnostic studies, psychological treatment/cognitive behavioral therapy, cervical and lumbar epidural steroid injection, and cervical spine surgery. Work status was noted as temporarily totally disabled, and the documentation indicates that the injured worker has not worked since 2011. Gabapentin was noted among the injured worker's medications in May 2014. The injured worker was seen on 6/3/14 for chronic headache syndrome, which started in 2010 after the motor vehicle accident. The headaches were noted to be mostly migraine-type headaches treated with Topamax and Imitrex. Neurologic examination was unremarkable. It was noted that the injured worker was also taking Cymbalta prescribed by a psychiatrist, as well as gabapentin. Medications in September 2014 included Pantoprazole, lorazepam, Sumatriptan, Cymbalta, hydrocodone

/acetaminophen, Topiramate, Lunesta, meloxicam, and gabapentin. In December 2014, the injured worker complained of neck, upper back, and right upper extremity pain. It was noted that medications were helping and that with the current medication regimen, pain symptoms were adequately managed. On 12/17/14 at a visit with the psychologist, the injured worker reported stress, sleep difficulties, more headaches, anxiety attacks, and feeling of slipping into depression. Current documentation dated January 6, 2015 notes that the injured worker reported increasing migraine headaches and an emergency room visit for severe headache, which lasted for 4 days. The injured worker reported that Cymbalta and Topamax helped somewhat. It was noted that Sumatriptan does not help with severe headache. She also reported left hip and right shoulder pain. Physical examination revealed decreased sensation in the right upper and lower extremity, decreased reflexes in all extremities and pain with movement of the arm. The injured worker was noted to be wearing a neck collar. Examination of the hip revealed pain with medial rotation. The treating physician recommended an MRI of the brain due to worsening headache with recent episode of severe headache. Nortriptyline was added. Medications at that visit were listed as Topiramate, duloxetine, hydrocodone/acetaminophen, lidocaine patch, senna, diclofenac, Sumatriptan, baclofen, gabapentin, meloxicam. On January 20, 2015 Utilization Review (UR) non-certified a request for an MRI of the brain without contrast and Sumatriptan Succinate 6 mg /0.5 ml # 24 with 3 refills. UR modified a request for Nortriptyline 10 mg # 60 with 1 refill to nortriptyline 10 mg #60, Duloxetine HCL DR 60 mg #30 with 6 refills to duloxetine HCL DR #30 with 1 refill and Gabapentin 800mg # 90 with 6 refills to gabapentin 800 mg #90 with 1 refill. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 10mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): p. 14-16. Decision based on Non-MTUS Citation Physician's Desk Reference (pdr.net: nortriptyline).

Decision rationale: Per the MTUS, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain, unless they are poorly tolerated, contraindicated, or ineffective. 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. Nortriptyline is a tricyclic antidepressant. The documentation suggests that nortriptyline was added due to continued complaints of headache on 1/6/15. This is the first request for this medication. The injured worker was also noted to have chronic pain, depression, and sleep issues. The injured worker has also been prescribed duloxetine and Sumatriptan. The MTUS notes that tricyclics have a low threshold for toxicity. Nortriptyline may cause serotonin syndrome with other serotonergic drug including two other medications, which have been prescribed, duloxetine and Sumatriptan. Although there are

indications for use of this medication for this injured worker, due to the potential for toxicity/serotonin syndrome in combination with other prescribed medications, the request for nortriptyline is not medically necessary.

MRI of the Brain without contrast: Overturned

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

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: MRI.

Decision rationale: The ODG states that magnetic resonance imaging (MRI) is superior to computed tomography (CT) for the detection of some intracranial pathology, except for bone injuries such as fractures. Neuro-imaging is not recommended in patients who sustain concussion/mild traumatic brain injury beyond the emergency phase (72 hours post injury) except if the condition deteriorates or red flags are noted. The ODG states that the indications for MRI are: to determine neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes superimposed on previous trauma or disease. In this case, the injured worker was noted to have continued headaches with worsening headache and recent episode of severe headache, not responsive to medication. New finding of decreased sensation on the right side was noted. Due to acute change in headache pattern as well as finding of new abnormalities on neurologic examination, the request for MRI of the brain is medically necessary.

Sumatriptan Succinate 6 mg /0.5 ml #24 with 3 refills: Upheld

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

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 and Other Medical Treatment Guidelines PDR.net: imitrex.

Decision rationale: The injured worker was noted to have migraine headaches since a whiplash injury in 2010. She has been treated with Sumatriptan for at least 8 months. The MTUS does not address therapy for migraines. Although triptans are an option for treatment of migraine headaches per the cited Official Disability Guidelines reference, the documentation indicates that Sumatriptan was ineffective for severe headache. Serotonin syndrome may occur with triptans including Sumatriptan, particularly during co administration with selective serotonin reuptake inhibitors (SSRIs), serotonin norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors. The injured worker has also been prescribed duloxetine (a SNRI) and nortriptyline (a TCA). Due to lack of efficacy as well as potential for toxicity/serotonin syndrome in combination with other prescribed medications, the request for Sumatriptan is not medically necessary.

Duloxetine HCL DR 60 mg #30 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines Antidepressants, Duloxetine, SNRIs Page(s): 14-16, 43-44, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder and Other Medical Treatment Guidelines pdr.net: cymbalta.

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. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor (SNRI) antidepressant which is FDA approved for treatment of depression, generalized anxiety disorder, and pain related to diabetic neuropathy. The injured worker has been treated with duloxetine for months with documentation of continued symptoms of pain and depression. There was no documentation of functional improvement as a result of use of duloxetine. Duloxetine may cause serotonin syndrome. The injured worker has been prescribed two additional medications, Sumatriptan and nortriptyline, which may increase the risk for serotonin syndrome. Due to lack of functional improvement and potential for toxicity, the request for duloxetine is not medically necessary.

Gabapentin 800mg #90 with 6 refills: Upheld

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

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

Decision rationale: Per the MTUS, antiepilepsy 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. The MTUS notes the lack of evidence for treatment of radiculopathy. 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. AEDs are associated with teratogenicity and should be used with caution in women of childbearing age. Although the physician documented that medications are helping and that with the current regimen, pain symptoms are adequately managed, there was no documentation of any percentage reduction in pain as a result of use of gabapentin. No functional improvement was documented. The injured worker is a female of childbearing age; there was no documentation of discussion of risk of teratogenicity and the necessary precautions associated with this. Due to lack of response/functional improvement as well as potential for teratogenicity, which has not been adequately addressed, the request for gabapentin is not medically necessary.