

<b>Case Number:</b>	CM15-0110283		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	05/10/2005
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 57 year old female, who sustained an industrial injury, May 10, 2005. The injured worker previously received the following treatments random toxicology laboratory studies was negative for any unexpected findings, Lidoderm Patches, Ibuprofen, Lyrica, Ranitidine, Cymbalta, Levothyroxine, Liothyronine Sodium, Furosemide. The injured worker was diagnosed with IBS (irritable bowel syndrome), carpal tunnel syndrome, chronic pain syndrome and cervicalgia, pain in the joint of the lower extremity and knee pain. According to progress note of March 31, 2015 the injured workers chief complaint was still suffering daily from IBS. The injured worker was also complaining of right knee pain, bilateral shoulder pain, right elbow and bilateral hand pain. The pain was described as aching, throbbing, pins and needles, burning and electric. The injured worker rated the pain 3 out of 10 with medications and 6-7 out of 10 without pain medication. The injured worker reported taking medications as prescribed and without side effects. The injured worker also reported continued functional improvement with pain medications. The physical exam noted swelling of the right knee and wearing a knee brace. The treatment plan included prescriptions for Divalproex Sodium, Cymbalta, Lyrica, Ranitidine and Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Retrospective Divalproex sodium 250mg for DOS 4/9/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders) Chapter, under Medications.

**Decision rationale:** Based on the 03/31/15 progress report provided by treating physician, the patient presents with right knee pain, bilateral shoulder pain, right elbow and bilateral hand pain, and IBS. The patient is status post right knee meniscus surgery, carpal tunnel and left hand trigger finger release, on unspecified dates. The request is for RETROSPECTIVE DIVALPROEX SODIUM 250MG FOR DOS 4/9/15. RFA with the request not provided. Patient's diagnosis on 03/31/15 includes carpal tunnel syndrome, chronic pain syndrome, cervicalgia, pain in joint lower limb, and knee pain. The patient has a slightly antalgic gait and wears a knee brace. Physical examination to the right knee on 03/31/15 revealed knee joint swelling. Treatment to date has included injections, knee brace, home exercise program, knee brace and medications. Patient's medications include Tramadol, Lidoderm Patches, Ibuprofen, Lyrica, Ranitidine, Cymbalta, Levothyroxine, Liothyronine Sodium, and Furosemide. Per 01/09/15 report, treater states the patient "does appear permanent and stationary." Treatment reports provided from 12/09/14 - 05/08/15. Drugs.com states: "Depakote (divalproex sodium) affects chemicals in the body that may be involved in causing seizures. Depakote is used to treat various types of seizure disorders. It is sometimes used together with other seizure medications. Depakote is also used to treat manic episodes related to bipolar disorder (manic depression), and to prevent migraine headaches." ODG-TWC, Head (trauma, headaches, etc., not including stress & mental disorders) Chapter, under Medications states: "Treatment. Medication for ameliorating the neurocognitive effects attributed to concussion/mTBI is not recommended. At present, there is no clinically validated specific brain targeted pharmacotherapy that will ameliorate the neurocognitive effects attributed to TBI (e.g., enhancing memory and attention, recovering from the brain injury). No medication has received approval from the United States Food and Drug Administration (FDA) for the treatment of any neurological or psychiatric consequence of mTBI. Medication for ameliorating the neurocognitive effects attributed to concussion/mTBI is not recommended." Depakote (DIVALPROEX SODIUM) was prescribed in progress report dated 04/09/15. It is not known when this medication was initiated. Per 03/31/15 report, pain with medications is rated 3/10 and 7-8/10 without, and treater states "the patient is taking medications as prescribed. She states the medications are working well. No side effects reported. Patient shows no evidence of developing medication dependency. No medication abuse is suspected. She reports continued functional benefit with her pain meds." However, treater does not explain or discuss why this medication is being used and with what efficacy. It is understandable that the patient has a disabling work injury and that certain medications will need to be used, but the treater has to explain. There needs to be a discussion regarding seizure disorder, bipolar condition, migraines or other valid medical condition for which this medication may be indicated, and the treater has to explain how it is working. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of adequate discussion regarding Depakote, this request IS NOT medically necessary.

### **Retrospective Cymbalta 60mg for DOS 4/9/15: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Chronic pain Page(s): 16-17.

**Decision rationale:** Based on the 03/31/15 progress report provided by treating physician, the patient presents with right knee pain, bilateral shoulder pain, right elbow and bilateral hand pain, and IBS. The patient is status post carpal tunnel and trigger finger release, on unspecified dates. The request is for RETROSPECTIVE CYMBALTA 60MG FOR DOS 4/9/15. RFA with the request not provided. Patient's diagnosis on 03/31/15 includes carpal tunnel syndrome, chronic pain syndrome, cervicalgia, pain in joint lower limb, and knee pain. The patient has a slightly antalgic gait and wears a knee brace. Physical examination to the right knee on 03/31/15 revealed knee joint swelling. Treatment to date has included injections, knee brace, home exercise program, knee brace and medications. Patient's medications include, Lidoderm Patches, Ibuprofen, Lyrica, Ranitidine, Cymbalta, Levothyroxine, Liothyronine Sodium, Furosemide. Per 01/09/15 report, treater states the patient "does appear permanent and stationary." Treatment reports provided from 12/09/14 - 05/08/15. Regarding Cymbalta, the MTUS guidelines page16-17 Anti-depressants for Chronic pain section, states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy... Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Cymbalta was prescribed in progress reports dated 01/09/15, 03/31/15 and 04/09/15. It is not known when this medication was initiated. Per 03/31/15 report, pain with medications is rated 3/10 and 7-8/10 without, and treater states "the patient is taking medications as prescribed. She states the medications are working well. No side effects reported. Patient shows no evidence of developing medication dependency. No medication abuse is suspected. She reports continued functional benefit with her pain meds." MTUS states that the medication can be used off-label for neuropathic pain and radiculopathy. Given patient's diagnosis, continued pain and documented efficacy of medication, the request appears reasonable. Therefore, the request IS medically necessary.

### **Retrospective Lyrica 300mg for DOS 4/9/15: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 19-20.

**Decision rationale:** Based on the 03/31/15 progress report provided by treating physician, the patient presents with right knee pain, bilateral shoulder pain, right elbow and bilateral hand pain,

and IBS. The patient is status post carpal tunnel and trigger finger release, on unspecified dates. The request is for RETROSPECTIVE LYRICA 300MG FOR DOS 4/9/15. RFA with the request not provided. Patient's diagnosis on 03/31/15 includes carpal tunnel syndrome, chronic pain syndrome, cervicalgia, pain in joint lower limb, and knee pain. The patient has a slightly antalgic gait and wears a knee brace. Physical examination to the right knee on 03/31/15 revealed knee joint swelling. Treatment to date has included injections, knee brace, home exercise program, knee brace and medications. Patient's medications include, Lidoderm Patches, Ibuprofen, Lyrica, Ranitidine, Cymbalta, Levothyroxine, Liothyronine Sodium, Furosemide. Per 01/09/15 report, treater states the patient "does appear permanent and stationary." Treatment reports provided from 12/09/14 - 05/08/15. MTUS Guidelines, pages 19-20, Anti-epilepsy Drugs section, have the following regarding Lyrica: "Pregabalin" Lyrica, no generic available "has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA-approval for both indications, and is considered first-line treatment for both." It further states, "Weaning: Do not discontinue pregabalin abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation." Lyrica was prescribed in progress reports dated 01/09/15, 03/31/15 and 04/09/15. It is not known when this medication was initiated. Per 03/31/15 report, pain with medications is rated 3/10 and 7-8/10 without, and treater states "the patient is taking medications as prescribed. She states the medications are working well. No side effects reported. Patient shows no evidence of developing medication dependency. No medication abuse is suspected. She reports continued functional benefit with her pain meds." MTUS states that the medication can be used off-label for neuropathic pain and radiculopathy. Given patient's diagnosis, continued pain and documented efficacy of medication, the request appears reasonable. Therefore, the request IS medically necessary.

#### **Retrospective Ranitidine HCL 150mg for DOS 4/9/15: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph last updated 01/21/2012.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** Based on the 03/31/15 progress report provided by treating physician, the patient presents with right knee pain, bilateral shoulder pain, right elbow and bilateral hand pain, and IBS. The patient is status post carpal tunnel and trigger finger release, on unspecified dates. The request is for RETROSPECTIVE RANITIDINE HCL 150MG FOR DOS 4/9/15. RFA with the request not provided. Patient's diagnosis on 03/31/15 includes carpal tunnel syndrome, chronic pain syndrome, cervicalgia, pain in joint lower limb, and knee pain. The patient has a slightly antalgic gait and wears a knee brace. Physical examination to the right knee on 03/31/15 revealed knee joint swelling. Treatment to date has included injections, knee brace, home exercise program, knee brace and medications. Patient's medications include , Lidoderm Patches, Ibuprofen, Lyrica, Ranitidine, Cymbalta, Levothyroxine, Liothyronine Sodium, Furosemide. Per 01/09/15 report, treater states the patient "does appear permanent and stationary." Treatment reports provided from 12/09/14 - 05/08/15. MTUS pg 69, NSAIDs, GI

symptoms & cardiovascular risk Section states: "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Ratinidine was prescribed in progress reports dated 01/09/15, 03/31/15 and 04/09/15. It is not known when this medication was initiated. Per 03/31/15 report, pain with medications is rated 3/10 and 7-8/10 without, and treater states "the patient is taking medications as prescribed. She states the medications are working well. No side effects reported. Patient shows no evidence of developing medication dependency. No medication abuse is suspected. She reports continued functional benefit with her pain meds." Prophylactic use of PPI is indicated by MTUS. The patient has a diagnosis of IBS and is on NSAIDs therapy with benefit. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

### **Retrospective Ibuprofen 800mg for DOS 4/9/15: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Based on the 03/31/15 progress report provided by treating physician, the patient presents with right knee pain, bilateral shoulder pain, right elbow and bilateral hand pain, and IBS. The patient is status post carpal tunnel and trigger finger release, on unspecified dates. The request is for RETROSPECTIVE IBUPROFEN 800MG FOR DOS 4/9/15. RFA with the request not provided. Patient's diagnosis on 03/31/15 includes carpal tunnel syndrome, chronic pain syndrome, cervicgia, pain in joint lower limb, and knee pain. The patient has a slightly antalgic gait and wears a knee brace. Physical examination to the right knee on 03/31/15 revealed knee joint swelling. Treatment to date has included injections, knee brace, home exercise program, knee brace and medications. Patient's medications include, Lidoderm Patches, Ibuprofen, Lyrica, Ranitidine, Cymbalta, Levothyroxine, Liothyronine Sodium, Furosemide. Per 01/09/15 report, treater states the patient "does appear permanent and stationary." Treatment reports provided from 12/09/14 - 05/08/15. MTUS, pg 22 Anti-inflammatory medications Section states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Ibuprofen was prescribed in progress reports dated 01/09/15, 03/31/15 and 05/08/15. It is not known when this medication was initiated. Per 03/31/15 report, pain with medications is rated 3/10 and 7-8/10 without, and treater states "the patient is taking medications as prescribed.

She states the medications are working well. No side effects reported. Patient shows no evidence of developing medication dependency. No medication abuse is suspected. She reports continued functional benefit with her pain meds." Given patient's diagnosis, continued pain and documented efficacy, this request appears reasonable. Therefore, the request IS medically necessary.