

<b>Case Number:</b>	CM15-0112072		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	05/28/2012
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 36-year-old male who sustained an industrial injury on 05/28/2012. Diagnoses include chronic pain syndrome, unspecified myalgia and myositis, other pain disorder related to psychological factors and fasciitis not otherwise specified. Treatment to date has included medications, left wrist arthroscopy x two, stellate ganglion nerve blocks, hand therapy, occupational therapy, left wrist cortisone injections, home exercise program, spinal cord stimulator and TENS unit. MRI of the left wrist on 9/6/12 showed a large peripheral triangular fibrocartilage (TFCC) tear and lunotriquetral interosseous ligament tear. MRI of the right knee on 7/21/12 noted nonspecific bone marrow edema within the tibia at the tibiofibular joint without a meniscus tear. Electrodiagnostic testing of the bilateral upper extremities on 4/30/15 was normal. According to the progress notes dated 5/22/15, the IW reported left upper extremity pain. There was no physical exam performed on the date of service, however, the notes stated there was almost no range of motion in the left upper extremity and he could not use the hand or fingers without significant pain. Locking of the right knee was also noted, secondary to the industrial injury. A request was made for Nortriptyline HCl 25 mg #30 with 3 refills for sleep, Baclofen 10mg, #60 with 3 refills for spasms and an unknown prescription of B12/Toradol, which was injected for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nortriptyline HCL 25mg #30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, TCA's.

**Decision rationale:** Nortriptyline is a TCA (tricyclic antidepressant). Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. ODG states, "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. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed." MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics 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 takes longer to occur." The treating physician has provided documentation of objective functional improvement with the use of this medication. However, guidelines recommend re-assessment for side effects and continued effectiveness of this medication. As such, the request for Nortriptyline HCL 25mg #30 with 3 refills is not medically necessary at this time.

**Baclofen 10mg #60 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

**Decision rationale:** Baclofen is classified as a muscle relaxant. MTUS states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Additionally, MTUS states, "Baclofen (Lioresal, generic available): The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved)." The treating physician has not provided documentation of muscle spasms related to multiple sclerosis or spinal cord injuries. Additionally, the treating physician has not provided documentation of trials and failures of first line therapies. In addition, guidelines recommend re-

assessment for side effects and continued effectiveness of this medication. As such the request for Baclofen 10mg #60 with 3 refills is not medically necessary.

**Unknown prescription of B12/Toradol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain; B Vitamins & vitamin B complex. (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, Vitamin B.

**Decision rationale:** Ketorolac/Toradol is an NSAID. MTUS is silent on Ketorolac specifically, but MTUS has four recommendations regarding NSAID use in general: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain: Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain: Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. ODG states the following: Ketorolac (Toradol, generic available): The oral form is only recommended for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing, if necessary. This medication is not indicated for minor or chronic painful conditions. Increasing doses beyond a daily maximum dose of 40 mg will not provide better efficacy, and will increase the risk of serious side effects. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. Dosing: Acute pain (transition from IV or IM) for adults < 65 years of age: 20mg by mouth followed by 10mg by mouth every 4 to 6 hours (max 40 mg/day). An oral formulation should not be given as an initial dose. ODG states "Not recommended for the treatment of chronic pain." Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. In the comparison of vitamin B with placebo, there was no significant short-term benefit in pain intensity while there is a small significant benefit in vibration detection from oral benfotiamine, a derivative of thiamine. In comparing different doses of vitamin B complex, there was some evidence that higher doses resulted in a significant short-term reduction in pain and improvement in paraesthesiae, in a composite outcome combining pain, temperature and vibration, and in a composite outcome combining pain, numbness and paraesthesiae. There was some evidence that vitamin B is less efficacious than alpha-lipoic acid, cilostazol or cytidine triphosphate

in the short-term improvement of clinical and nerve conduction study outcomes. Vitamin B is generally well- tolerated. The employee has chronic pain and guidelines recommend against the use of Toradol injections for chronic painful conditions. Additionally, guidelines recommend against the use of vitamin B12 injections without documented vitamin deficiencies. As such, the request for Unknown prescription of B12/Toradol is not medically necessary.