

Case Number:	CM15-0115378		
Date Assigned:	06/23/2015	Date of Injury:	02/28/2008
Decision Date:	08/31/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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 is a 58 year old female who sustained an industrial injury on February 28, 2008. She has reported pain to the cervical and trapezius region, bilateral elbows, bilateral wrist, and low back and has been diagnosed with cervical strain, bilateral cervical radiculopathy C5-6, cervical disc disease, myofascial pain syndrome, bilateral elbow and wrist tendinitis, right lateral epicondylitis, bilateral wrist sprain/strain, bilateral de Quervain's tenosynovitis, repetitive injury to bilateral upper extremities, chronic low back pain, bilateral sciatica L5, lumbosacral spine degenerative disc disease, lumbar canal stenosis at L4-5 with bilateral foraminal stenosis at L4-5 and L5-S1, lumbar canal stenosis severe, weakness of both lower extremities progressing, and pain disorder associated with both psychological factors and general medical condition. Treatment included injection, physical therapy, medications, TENS unit, a home exercise program, and medical imaging. There was decreased range of motion of the PIPJ's and DIPJ's of the fingers. There was cramping of the fingers with decreased range of motion of the IPJ's of the fingers and decreased range of motion of the thumb. There was tenderness of the cervical spine. There was tenderness of the elbows, right wrist, left wrist, and lumbar spine. The treatment request included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Venlafaxine ER (extended release) 75mg, #90 dispensed 4/22/2015:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Specific Antidepressants Page(s): 13-14, 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine - Effexor Page(s): 13-15.

Decision rationale: This patient presents with chronic upper extremities, lower back, bilateral wrist and elbow pain. The current request is for Retrospective Venlafaxine ER (extended release) 75mg, #90 dispensed 4/22/2015. Treatment history included epidural injections, physical therapy, paraffin baths, medications, TENS unit, and a home exercise program. The RFA is dated 05/27/15. The patient remains off work. MTUS Chronic Pain Medical Treatment Guidelines page 13-15, under Venlafaxine - Effexor - States: "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine is a member of the selective-serotonin reuptake inhibitor class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches." The patient's current medications include Omeprazole, Gabapentin, Venlafaxine ER, and Atorvastatin. This patient has a long history of psychiatric complaints and has been prescribed Venlafaxine since at least 06/12/13. Her PHQ-9 on 04/25/13 was 24 (severe depression). Per report 11/10/14, the patient "reports feeling more irritable lately. Continues to take anti-depressant." According to report 05/16/15, the patient is feeling better when the dosage for Venlafaxine was increased, but noticed an increase in itching on both forearms. With the use of Venlafaxine "her depression has significantly improved." In this case, this patient suffers from severe depression and Venlafaxine has "significantly improved" her depression. Given the patient's diagnosis, and documented efficacy of this medication, the request IS medically necessary.

Retrospective Gabapentin 100mg, #60 dispensed on 4/22/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin Page(s): 18, 19.

Decision rationale: This patient presents with chronic upper extremities, lower back, bilateral wrist and elbow pain. The current request is for Retrospective Gabapentin 100mg, #60 dispensed on 4/22/2015. Treatment history included epidural injections, physical therapy, paraffin baths, medications, TENS unit, and a home exercise program. The RFA is dated 05/27/15. The patient remains off work. MTUS Guidelines, pages 18-19, Chronic Pain Medical Treatment Guidelines: Antiepilepsy drugs (AEDs), Gabapentin has the following, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when

medications are used for chronic pain. Per report 04/22/15, the patient presents with cervical pain that radiates down both upper extremities with numbness and tingling affecting all her fingers. Her low back pain is constant and radiates down the bilateral lower extremities into her toes. The patient's current medications include Omeprazole, Gabapentin, Venlafaxine ER, and Atorvastatin. The patient has been prescribed Gabapentin since 11/10/14. Progress reports from 11/20/14 through 05/16/15 provide no discussion regarding the efficacy of Gabapentin. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation of medication efficacy, the requested Gabapentin IS NOT medically necessary.

Retrospective Omeprazole 20mg, #90 dispensed on 4/22/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

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

Decision rationale: This patient presents with chronic upper extremities, lower back, bilateral wrist and elbow pain. The current request is for Retrospective Omeprazole 20mg, #90 dispensed on 4/22/2015. Treatment history included epidural injections, physical therapy, paraffin baths, medications, TENS unit, and a home exercise program. The RFA is dated 05/27/15. The patient remains off work. MTUS, Chronic Pain Medical Treatment Guidelines, page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Prilosec, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis." The patient has been prescribed Omeprazole since at least 11/10/14. Earlier reports indicate that the patient was also prescribed Naproxen; however, Naproxen was discontinued as the patient was suffering from GERD. Per report 11/10/14, 12/08/14, and 01/14/15, the patient has a diagnosis of GERD and reports, "upset stomach improved with Omeprazole." Given this patient's history of gastritis and documented efficacy of this medication, a PPI such as Omeprazole is an appropriate measure. Therefore, this request IS medically necessary.

Retrospective Lidopro 4oz dispensed on 4/22/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

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

Decision rationale: This patient presents with chronic upper extremities, lower back, bilateral wrist and elbow pain. The current request is for Retrospective LidoPro 4oz dispensed on

4/22/2015. Treatment history included epidural injections, physical therapy, paraffin baths, medications, TENS unit, and a home exercise program. The RFA is dated 05/27/15. The patient remains off work. The MTUS has the following regarding topical creams (p 111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." LidoPro lotion contains Capsaicin, Lidocaine, Menthol, and methyl salicylate. On 04/22/15, the treater dispensed LidoPro topical with no discussion regarding why it was dispensed and how it is to be use. In any case, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not recommended. In this case, the requested topical compound cream contains Lidocaine, and MTUS only supports Lidocaine in a patch formulation and not as a lotion, gel or any other form. This request IS NOT medically necessary.