

Case Number:	CM15-0115815		
Date Assigned:	06/24/2015	Date of Injury:	05/06/2006
Decision Date:	07/31/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/16/2015

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 48 year old male, who sustained an industrial injury on May 6, 2006. He reported sharp neck and low back pain. The injured worker was diagnosed as having a discogenic cervical condition, a discogenic lumbar condition, right shoulder girdle involvement, discogenic thoracic sprain, impingement syndrome and status post right shoulder labral repair and decompression, and chronic pain. In 2012, nerve studies of the upper and lower extremities revealed a weak finding of lumbar 5 radiculopathy. In 2007, MRI of the neck revealed cervical 3-cervical 7 disc disease. In 2006, MRI of the lumbar spine revealed facet changes, bulging and protrusion from lumbar 2 to lumbar 5. Incidental findings included thoracic 12-lumbar 1 bulging and facet changes. Treatment to date has included physical therapy, 4 shoulder trigger point injections, a transcutaneous electrical nerve stimulation (TENS) unit, activity modifications, a lumbar epidural steroid injection, a back brace, hot/cold wrap, neck traction, neck pillow, and medications including short-acting and long-acting opioid analgesic, topical analgesic, muscle relaxant, anti-epilepsy, migraine, sleep, and antidepressant medication. Other noted dates of injury documented in the medical record include: April 5, 2005 and April 4, 2010. The injured worker has not worked since 2008. On May 4, 2015, the injured worker complains of sharp neck and back pain with shooting pain through the right buttock. Associated symptoms include loss of motion, stiffness, and weather effects. Pivoting, twisting, squatting, and forceful activities are limited. He reports sleep, stress, and depression issues. The physical exam revealed satisfactory shoulder abduction, minimal rotator cuff tenderness, negative O'Brien test and impingement sign, grade 5 strength to resisted function, and trigger points along the shoulder blades. There was decreased lumbar spine flexion and extension. The treatment plan includes Effexor SR 75mg #60; Maxalt 10mg #4; Norco #195.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt 10 mg Qty 4: 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 - Migraine pharmaceutical treatment.

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.

Decision rationale: Maxalt is not addressed by the California Medical Treatment Utilization Schedule (CMTUS) guidelines. The Official Disability Guidelines (ODG) states that triptans are an option for the treatment of migraine headaches. The treating physician noted that maxalt was prescribed for headaches. A specific diagnosis of migraines and symptoms consistent with migraines were not documented. There is no account of the specific symptoms, pattern of headaches, and response to any treatment. Some reports note headaches due to neck pain. There was a lack of documentation of the injured worker's current headache complaints. The treating physician has not provided sufficient clinical information to support the diagnosis and treatment. Therefore, the request for Maxalt is not medically necessary.

Norco Qty 195: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines indicate continued use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. The documentation indicates that Norco was prescribed for more than one year. There was no documentation of functional improvement as a result of use of Norco. The injured worker was not working. There was no documentation of improvement in

specific activities of daily living as a result of use of Norco. Office visits have continued at the same monthly frequency. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. For these reasons, the request for Norco is not medically necessary.

Effexor SR (sustained release) 75 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor (R)); Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 16 Eye Chapter Page(s): 401-402, Chronic Pain Treatment Guidelines Antidepressants for chronic pain, effexor Page(s): 13-16, 45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend antidepressants as a first line option for neuropathic pain. Per the CMTUS guidelines assessment of pain outcomes, function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment should be performed to determine the efficacy of treatment. Venlafaxine (Effexor) is a serotonin-norepinephrine reuptake inhibitor antidepressant that is approved for anxiety, depression, panic disorder and social treatment by the Food and Drug Administration (FDA). Off-label uses of Venlafaxine (Effexor) include the treatment of fibromyalgia, neuropathic pain, and diabetic neuropathy. There was a lack of documentation of pain outcomes, function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. A recent progress note indicates that effexor was prescribed for depression. 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. There was no discussion of symptoms of depression and their severity, and there was no detailed psychiatric history or mental status examination submitted. The documentation indicates that the injured worker was also prescribed tramadol, another serotonergic medication, which increases the risk for serotonin syndrome. For these reasons, the request for Effexor SR is not medically necessary.