

Case Number:	CM15-0125811		
Date Assigned:	07/10/2015	Date of Injury:	12/05/2007
Decision Date:	09/10/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female who sustained an industrial, cumulative trauma injuries from 11/200 to 12/05/2007 with injuries to the shoulders, arms, neck, back, and legs. Treatment provided to date has included: right shoulder surgery; physical therapy; psychological and psychiatric therapy; Toradol injection (emergency room visit); trigger point injections without noted improvement; medications; and conservative therapies/care. Diagnostic test were no available. Co-morbidities included possible previous heart attack and cardiac disease. On 06/08/2015, physician progress report (PR-2) noted complaints of ongoing constant pain in the back, neck, both shoulders, left elbow and left knee. There were no pain ratings provided and no pain description. The injured worker reported being sore. The previous PR-2 showed pain rating of 5-6/10 for the neck, shoulders and upper back, 5/10 for the low back, and 6/10 for the leg and knees. The physical exam revealed tenderness and spasms to the cervical spine, trapezius, and lumbar spine, and painful range of motion to the shoulders. The provider noted diagnoses of internal derangement of the left shoulder, tendonitis of the bilateral shoulders, and lateral epicondylitis of the left elbow. Plan of care includes 2 trigger point injections to the cervical spine, continued medications (Norco, Cymbalta, Dexilant and Protonix). The injured worker's work status remained permanent and stationary. The request for authorization and IMR (independent medical review) includes: 2 trigger point injections to the cervical spine, Norco 10- 325mg #90, Elavil 50mg #30, Cymbalta 20mg #30, Dexilant 60mg #30, Protonix 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections, Cervical Spine, Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: According to the MTUS guidelines trigger point injections may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: "(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. In this case, the injured worker has had previous trigger point injections without documented improvement. Additionally, the available documentation does not document: 1) myofascial pain syndrome; 2) circumscribed trigger points with evidence of a twitch response upon palpation as well as referred pain; or 3) failed ongoing stretching exercises and/or physical therapy. As such, the trigger point injections to the cervical spine (times 2) are not medically necessary.

Norco 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

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

Decision rationale: MTUS discourages long term usage unless there is evidence of "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." The MTUS also recommends the discontinuation of Norco (an opioid) when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. Upon review, the treating physician does not document: 1) Current pain levels; 2) decreased pain with the use of Norco; 3) the least reported

pain over the period since last assessment; 4) how long it takes for pain relief; 5) how long pain relief lasts; 6) improvement in pain; or 7) improvement in function. Moreover, the injured worker has been taking Norco for several months without documented overall measurable improvement in function or decrease in pain. As such, Norco 10-325mg #90 is not medically necessary.

Elavil 50 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16.

Decision rationale: Elavil (amitriptyline) is a tricyclic antidepressant used for treating depression. According to the MTUS guidelines, tricyclic antidepressants considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesic effects usually occur within a few days to a week, while antidepressant effects can take longer to yield results. "Long-term effectiveness of these medications has not been established". "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". Additionally, caution is required because tricyclic agents have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. These agents are contraindicated in patients with cardiac conduction disturbances and/or decompensation (they can produce heart block and arrhythmias). In this case, the injured worker has a history of cardiac issues with possible heart attack that increases the known risk involved with this medication. Furthermore, the injured worker has been prescribed this medication for several months with insufficient evidence of reduced pain, functional improvement or improvement in quality of life with the use of this medication. As such, the requested Elavil 50mg #30 is not medically necessary.

Cymbalta 20 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: According to the MTUS in regards to Cymbalta (duloxetine), antidepressants are recommended as a first line option in treating neuropathic pain, and a possible choice for non-neuropathic pain. Decrease in pain generally occurs within a few days to a week. Assessment of effectiveness of the treatment should include not just pain conclusions, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Duloxetine is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia, but used off-label for neuropathic pain and radiculopathy.

Although Duloxetine is recommended as a first-line option for diabetic neuropathy; there is insufficient evidence to support the use of duloxetine for lumbar radiculopathy with more studies needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects include: central nervous system symptoms of dizziness, fatigue, somnolence, drowsiness, anxiety and insomnia; gastrointestinal symptoms of nausea and vomiting; and weight loss. In this case, there was clear evidence in the medical records that the injured worker had been prescribed this medication for several months; however, there is insufficient measurable evidence to show a decrease in pain or improvement in function with the use of this medication. Additionally, there was an indication that the injured worker had previously had gastrointestinal symptoms, for which Protonix and Dexilant were prescribed, which is a known side-effect in 5-30% of patients using this medication. Due to the long-term use of this medication and the lack of improvement in pain levels, daily functioning and possible side-effects, medical necessity has not been established. The request for Cymbalta 20mg #30 is not medically necessary.

Dexilant 60 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Proton pump inhibitors (PPIs).

Decision rationale: According to CA MTUS (2009), Proton Pump Inhibitor, such as Protonix (Pantoprazole), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. In this case, there is no documentation of any reported GI complaints. In addition it is unclear why this patient is being prescribed Protonix (Pantoprazole) as well as a second PPI - Dexilant. Based on the available information provided for review, the medical necessity for Protonix has not been established. The requested Dexilant is not medically necessary.

Protonix 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Proton pump inhibitors (PPIs).

Decision rationale: According to CA MTUS (2009), Proton Pump Inhibitor, such as Protonix (Pantoprazole), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the

patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. In this case, there is no documentation of any reported GI complaints. In addition it is unclear why this patient is being prescribed Protonix (Pantoprazole) as well as a second PPI. Based on the available information provided for review, the medical necessity for Protonix has not been established. The requested Protonix 20mg #60 is not medically necessary.