

Case Number:	CM15-0127828		
Date Assigned:	07/30/2015	Date of Injury:	01/20/2003
Decision Date:	09/01/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/01/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 57 year old female who sustained an industrial injury on 01-20-2003. Current diagnoses include thoracic outlet syndrome, neck pain, neuropathic pain, complex regional pain syndrome, thoracic radiculopathy, spasm of muscle, neck sprain, cervical spondylosis without myelopathy, other syndromes affecting cervical region, thoracic sprain, pain in thoracic spine, and thoracic spondylosis without myelopathy. Previous treatments included medications, Botox injections, physical therapy, and acupuncture. There were no previous diagnostic studies include for review. Report dated 05-27-2015 noted that the injured worker presented for medication management. Pain level was 6 (without medications) out of 10 on a visual analog scale (VAS). Physical examination was positive for limited range of motion in thoracic flexion, extension, and lateral rotation, Spurling's test is positive bilaterally. The treatment plan included refilling Norco for breakthrough pain, refill Cymbalta for depression related to pain, refill morphine sulfate ER for chronic pain, continue gabapentin for neuropathic pain, continue Lidoderm patch for brachial plexal pain, continue Zofran as needed for nausea, opioid induced nausea and vomiting, refill flurbiprofen 20%-lidocaine 5% for brachial plexal pain, re-request for the injured worker to participate in a detox program to get her off of all her opioid medications, return in 4 weeks for medication re-evaluation, and refill Senokot for constipation. Submitted medical records support that the injured worker has been prescribed Norco, Cymbalta, and morphine sulfate ER, Lidoderm patches, Zofran since at least 12-01-2014. Disputed treatments include Norco, Cymbalta, morphine sulfate ER, Lidoderm patches, Zofran, flurbiprofen 20%-lidocaine 5%, and detox program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The request for Norco 10/325mg #90 is not medically necessary.

Cymbalta 30 mg 90 times 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain, Cymbalta (duloxetine), Medications for Chronic pain, SNRI's (serotonin norepinephrine reuptake inhibitors) Page(s): 13, 42, 60, and 105.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the use of Cymbalta (duloxetine). It is recommended for an option in first-line treatment option in neuropathic pain. It is FDA approved for the treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. The documentation submitted did not support that the injured worker has complaints associated with neuropathic pain. Physical examination provided did not reveal any abnormalities that supported the diagnosis of neuropathic pain, and there were no diagnostic tests that supported the injured worker has neuropathic pain. Therefore, the

request for Cymbalta 30 mg 90 times 5 refills is not medically necessary.

Morphine Sulfate ER 15 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: According to California MTUS guidelines and the Official Disability Guidelines (ODG), "Morphine Sulfate ER is an opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage duration. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The request for Morphine Sulfate ER 15 mg #30 is not medically necessary.

Lidoderm patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patches), and Topical Analgesics Page(s): 56-57 and 111-112.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the use of Lidoderm patches. Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-

herpetic neuralgia. Guidelines also state that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. The documentation submitted does not provide a detailed evaluation of the use of any first-line therapy medications referenced above, also the documentation provided did not support a diagnosis of neuropathic pain or post-herpetic neuralgia. Therefore, the request for Lidoderm patch 5% #30 is not medically necessary.

Zofran 8 mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Pain (chronic), Ondansetron (Zofran).

Decision rationale: The California MTUS is silent regarding Ondansetron (Zofran). The Official Disability Guidelines recommend Ondansetron (Zofran) to prevent nausea and vomiting that may be caused by anesthesia/surgery, or chemotherapy or radiation therapy. It is also approved for use acutely with gastroenteritis. Ondansetron is not used and is ineffective for nausea associated with narcotic analgesics. The medical records submitted do not indicate that the injured worker is having surgery, chemotherapy or radiation therapy. Report dated 05-27-2015 the injured worker denied having nausea or vomiting. Therefore the request for Zofran 8 mg #10 is not medically necessary.

Flurbiprofen 20% Lidocaine 5% #300 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics-non-steroidal anti-inflammatory agents (NSAID's) Page(s): 111-113.

Decision rationale: According to the MTUS chronic pain medical treatment guidelines, topical analgesics are recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Flurbiprofen, a non-steroidal anti-inflammatory agent (NSAID), is not currently FDA approved for topical application. As topical flurbiprofen is not FDA approved, it is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. California MTUS cites that topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). They also note that, with an exception of a dermal patch, no commercially approved topical formulations of Lidocaine (whether cream, lotions, or gels) are indicated for neuropathic pain. Report dated 05-27-2015 does not support that the injured worker has neuropathic pain, there were no findings on physical examination or diagnostic testing to

support finding of neuropathic pain. There was no documentation that the injured worker has tried and failed other anti-depressants and anti-convulsants. Therefore, the request for Flurbiprofen 20% Lidocaine 5% #300 gm is not medically necessary.

Detox program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

Decision rationale: The California MTUS recommends detoxification if indicated.

"Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. May be necessary due to the following, intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms." The medical records submitted do not support that the treating physician has attempted weaning of the opioid medications. There was no documentation to support aberrant behaviors, intolerable side effects, lack of response, or comorbid psychiatric illnesses. Therefore, the request for Detox program is not medically necessary.