

Case Number:	CM15-0028040		
Date Assigned:	02/20/2015	Date of Injury:	12/03/2003
Decision Date:	04/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/13/2015

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 Jersey
 Certification(s)/Specialty: Family Practice

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 40 year old female who sustained an industrial related injury on 12/3/03. The injured worker had complaints of right arm and back pain. Difficulty sleeping was also noted. Physical examination findings included inability to make a fist and inability to fully extend the fingers or thumb. Diagnoses included causalgia of upper limb, depressive disorder, and insomnia. Medications include Cymbalta, Terocin patch, Xanax, and Norco. The treating physician requested authorization for Cymbalta 60mg #60 with 1 refill, Terocin patch #30, Norco 10/325mg #150, and massage therapy #8. On 1/27/15 the requests were non-certified. Regarding Cymbalta, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the medical records do not provide rationale to support the necessity of two antidepressant medications. Regarding Terocin, the UR physician cited the MTUS guidelines and noted the medical records do not reflect failure of first line medication treatment. There is also no documentation of intolerance to oral pain medications. Therefore the request was non-certified. Regarding Norco, the UR physician cited the MTUS guidelines and noted the request was modified to a quantity of 90. Regarding massage, the UR physician cited the MTUS guidelines and noted the medical records do not reflect failure of other conservative treatments. Also, the provider did not specify which body part was to be treated. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #60 with 1 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, pp. 13-16, AND Cymbalta, p. 43.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. Duloxetine, a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI), specifically is recommended by the MTUS as a first-line treatment option for neuropathic pain. It is not to be used by those with hepatic insufficiency or substantial alcohol use. It may be used for the treatment of depression, anxiety, fibromyalgia, and neuropathic pain. In the case of this worker, it is not clear in the documentation provided why she was taking Cymbalta and amitriptyline, and if the Cymbalta was primarily to treat pain or for depression as well. Regardless, the documentation merely reported on the worker's pain level with the use of all of her medications instead of dividing up the report to separate the benefit from each medication. Otherwise, effects from each medication cannot be known. Without a specific report on how Cymbalta was affecting the worker's pain level and function, it will be considered medically unnecessary.

Terocinaxternal patch #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, although there was a report on the collective effect of the medications used and the pain reduction, there was no report provided which reported separately Terocin patches and their

effects on her pain and overall function, as this was not included in the documentation provided. Therefore, the Terocin patches will be considered medically unnecessary.

Norco 10/325 mg #150: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this full review was completed. There was no report separating out how Norco affected her daily pain and overall function, independent from her other medications. Therefore, the Norco will be considered medically unnecessary. Weaning may be indicated.

Massage therapy #8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Upper Back and Neck section, Massage.

Decision rationale: The MTUS Chronic Treatment Guidelines recommend massage therapy (up to 4-6 visits in most cases) as an adjunct to other recommended treatments such as exercise and may be helpful at attenuating diffuse musculoskeletal symptoms as well as anxiety and stress reduction. Passive treatments such as massage can lead to dependence and are not recommended for frequent sessions. Massage may be recommended for acute injuries, chronic pain (if not already trialed), and post-operatively. The ODG states that mechanical massage devices are not recommended. The ODG also allows massage therapy to continue beyond the trial period up to a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. Although it may be reasonable to consider 1-3 trial massage therapy sessions in this case of this worker, there was insufficient evidence that the worker was performing regular home exercises. Also, the request for 8 sessions would be excessive without evidence of benefit after the first few sessions

completed first. Also, the body part was not included in the request. Therefore, the massage therapy #8 will be considered medically unnecessary.