MAXIMUS Federal Services

Case Number:	CM15-0094899		
Date Assigned:	05/21/2015	Date of Injury:	06/17/2008
Decision Date:	09/23/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/15/2015

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 36 year old female who sustained a trip and fall industrial injury on 06/17/2008. The injured worker was diagnosed with chronic cervical pain with upper extremity neuropathic dysesthesias, cervicogenic headaches, lumbar radiculopathy, chronic plantar fasciitis; complex regional pain syndrome left foot and left upper extremity and depression. Treatment to date includes diagnostic testing, conservative measures, physical therapy, right occipital nerve block, pain management and medications. According to the primary treating physician's progress report on April 30, 2015, the injured worker continues to experience ankle pain with swelling and weakness rated as a 5/10 on the pain scale, bilateral knee pain with clicking and snapping and rates this at 7/10 and cervical pain with numbness and tingling with radicular pain and weakness in the bilateral arms. The injured worker rates her cervical pain level at 6/10. The injured worker also reports headaches. Examination of the cervical spine demonstrated pain to palpation over C2 through C6 facet capsules bilaterally and secondary myofascial pain with triggering and fibrotic banding, pain with rotational extension, negative Spurling's maneuver and negative pain with Valsalva. The injured worker has increased weakness and dysesthesias. There was decreased dermatome distribution at C6. The lumbosacral examination demonstrated right positive pelvic thrust, positive Faber and pain to palpation over L3 through S1 facet capsules on the left, pain with rotational extension secondary myofascial pain with triggering and ropey fibrotic banding and positive stork test. Straight leg raise test was negative bilaterally. The injured worker had increased myofascial pain and shoulder pain and topical allodynia, gelling phenomena and swelling consistent with complex regional pain

syndrome of the left foot. Current medications are listed as Motrin, Norco, Nortriptyline, Flexeril, Inderal, Lamictal, Pristiq and Topamax. Treatment plan consists of the authorized consultation for ganglion blocks and authorized chiropractic therapy sessions times 4, continue with current medication regimen, update cervical magnetic resonance imaging (MRI) and sleep study test, diagnostic laboratory blood work and the current request for Exalgo, Flexeril, Inderal, Lamictal, Pristiq and Topamax renewals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 36 year old patient complains of left ankle pain, rated at 7/10, bilateral knee pain, rated at 5/10, and cervical spine pain, rated at 7/10, radiating to bilateral upper extremities, as per progress report dated 02/17/15. The request is for FLEXERIL 10mg #60 WITH 3 REFILLS. There is no RFA for this case, and the patient's date of injury is 06/17/08. Diagnoses, as per progress report dated 02/17/15, included chronic cervical spinal pain with upper extremity neuropathic dysesthesias, De Quervain's tenosynovitis, CRPS of left foot and left upper extremity, upper extremity tendonitis, and cervicogenic headaches. Medications included Flexeril, Inderal, Lamictal, Motrin, Norco, Pristiq and Topamax. Recent progress reports do not document the patient's work status. MTUS pg 63-66 states: "Muscle relaxants section: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, a prescription for Flexeril is first noted in progress report dated 01/13/15. It is not clear when the medication was initiated. In progress report dated 02/17/15, the treater states that "muscle relaxants improves conditions." The treater also states that the patient notes "substantial benefit of the medication." The treater, however, does not document the impact of Flexeril on function. Additionally, MTUS does not support long-term use of Cyclobenzaprine. Hence, the request of # 60 with 3 refills IS NOT medically necessary.

Inderal 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/propranolol.html.

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: under Botulinum toxin for chronic migraine.

Decision rationale: The 36 year old patient complains of left ankle pain, rated at 7/10, bilateral knee pain, rated at 5/10, and cervical spine pain, rated at 7/10, radiating to bilateral upper extremities, as per progress report dated 02/17/15. The request is for INDERAL 20mg #60 WITH 3 REFILLS. There is no RFA for this case, and the patient's date of injury is 06/17/08. Diagnoses, as per progress report dated 02/17/15, included chronic cervical spinal pain with upper extremity neuropathic dysesthesias, De Quervain's tenosynovitis, CRPS of left foot and left upper extremity, upper extremity tendonitis, and cervicogenic headaches. Medications included Flexeril, Inderal, Lamictal, Motrin, Norco, Pristiq and Topamax. Recent progress reports do not document the patient's work status. MTUS is silent regarding this medication. ODG-TWC: Head Chapter: Botulinum toxin for chronic migraine states: "Amitriptyline, beta blockers (metoprolol,propranolol, and timolol), topiramate as well as valproic acid and its derivatives, are first-line agents for the treatment of chronic migraines." ODG guidelines mentions Propranolol in the context of migraine treatments trial prior to utilizing Botox. In this case, Propanolol is first noted in AME report dated 06/13/13. It appears that the patient is taking the medication consistently at least since then. However, the treater does not document efficacy in terms of reduction in pain and improvement in function. Additionally, as per progress report dated 02/17/15, the patient suffers from cervicogenic headaches, rated at 7/10. In fact, the patient also underwent an occipital nerve block in 2013 with significant improvement. However, there is no diagnoses of migrainous headaches for which Inderal is recommended by ODG. Hence, the request IS NOT medically necessary.

Lamictal 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, Lamotrigine (Lamical) Page(s): 16-21.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under Anti-epilepsy drugs (AEDs).

Decision rationale: The 36 year old patient complains of left ankle pain, rated at 7/10, bilateral knee pain, rated at 5/10, and cervical spine pain, rated at 7/10, radiating to bilateral upper extremities, as per progress report dated 02/17/15. The request is for LAMICTAL 100mg #60. There is no RFA for this case, and the patient's date of injury is 06/17/08. Diagnoses, as per progress report dated 02/17/15, included chronic cervical spinal pain with upper extremity neuropathic dysesthesias, De Quervain's tenosynovitis, CRPS of left foot and left upper extremity, upper extremity tendonitis, and cervicogenic headaches. Medications included Flexeril, Inderal, Lamictal, Motrin, Norco, Pristiq and Topamax. Recent progress reports do not document the patient's work status. MTUS and ACOEM guidelines do not discuss Lamictal. ODG guidelines, Pain (chronic) chapter under Anti-epilepsy drugs (AEDs) for pain states: Lamotrigine (Lamictal, generic available) has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and central post-stroke pain; (Backonja, 2002)

(Namaka, 2004) (Maizels, 2005) (ICSI, 2005) (Dworkin, 2003) (Wiffen-Cochrane, 2007). It has not been shown to be effective for diabetic neuropathy. Due to side-effects and slow titration period, lamotrigine is not generally recommended as a first-line treatment for neuropathic pain. In this case, Lamictal is first noted in AME report dated 06/13/13. It appears that the patient has been taking the medication consistently at least since then. It is not clear when the medication prescribed for the first time. In progress report dated 02/17/15, the treater states that the patient does suffer from nociceptive, neuropathic and inflammatory pain. The treater also states that the patient notes "substantial benefit of the medication." ODG, however, does not recommend Lamictal as a first-line treatment for neuropathic pain due to "side-effects and slow titration period, lamotrigine." Hence, the request IS NOT medically necessary.

Pristiq 50mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors Page(s): 15, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Desvenlafaxine (Pristiq).

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

Decision rationale: The 36 year old patient complains of left ankle pain, rated at 7/10, bilateral knee pain, rated at 5/10, and cervical spine pain, rated at 7/10, radiating to bilateral upper extremities, as per progress report dated 02/17/15. The request is for PRISTIQ 50mg #60 WITH 3 REFILLS. There is no RFA for this case, and the patient's date of injury is 06/17/08. Diagnoses, as per progress report dated 02/17/15, included chronic cervical spinal pain with upper extremity neuropathic dysesthesias, De Quervain's tenosynovitis, CRPS of left foot and left upper extremity, upper extremity tendonitis, and cervicogenic headaches. Medications included Flexeril, Inderal, Lamictal, Motrin, Norco, Pristiq and Topamax. Recent progress reports do not document the patient's work status. MTUS Chronic Pain Medical Treatment Guidelines, pgs. 13-16 for Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." In this case, Pristiq is first noted in AME report dated 06/13/13. It appears that the patient has been taking the medication consistently at least since then. It is not clear when the medication prescribed for the first time. In progress report dated 02/17/15, the treater states that the patient does suffer from nociceptive, neuropathic and inflammatory pain. The treater also states that the patient notes "substantial benefit of the medication." MTUS supports the use of Pristiq as a first-line agent for the treatment of neuropathic pain. Given the diagnoses of CRPS, the request appears reasonable and IS medically necessary.

Topamax 25mg #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 21.

Decision rationale: The 36 year old patient complains of left ankle pain, rated at 7/10, bilateral knee pain, rated at 5/10, and cervical spine pain, rated at 7/10, radiating to bilateral upper extremities, as per progress report dated 02/17/15. The request is for TOPAMAX 25mg #120 WITH 3 REFILLS. There is no RFA for this case, and the patient's date of injury is 06/17/08. Diagnoses, as per progress report dated 02/17/15, included chronic cervical spinal pain with upper extremity neuropathic dysesthesias, De Quervain's tenosynovitis, CRPS of left foot and left upper extremity, upper extremity tendonitis, and cervicogenic headaches. Medications included Flexeril, Inderal, Lamictal, Motrin, Norco, Pristiq and Topamax. Recent progress reports do not document the patient's work status. MTUS Guidelines page 21 Topiramate (Topamax) section, states "Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." In this case, Topamax is first noted in progress report dated 01/13/15. It appears that the patient has been taking the medication consistently at least since then. It is not clear when the medication prescribed for the first time. In progress report dated 02/17/15, the treater states that the patient does suffer from nociceptive, neuropathic and inflammatory pain. The treater also states that the patient notes "substantial benefit of the medication." MTUS, however, does not support the use of Topiramate for neuropathic pain unless other anticonvulsants have failed. Since there is no such indication the available progress reports, the request IS NOT medically necessary.

Exalgo 8mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 36 year old patient complains of left ankle pain, rated at 7/10, bilateral knee pain, rated at 5/10, and cervical spine pain, rated at 7/10, radiating to bilateral upper extremities, as per progress report dated 02/17/15. The request is for EXALGO 8mg #60. There is no RFA for this case, and the patient's date of injury is 06/17/08. Diagnoses, as per progress report dated 02/17/15, included chronic cervical spinal pain with upper extremity neuropathic dysesthesias, De Quervain's tenosynovitis, CRPS of left foot and left upper extremity, upper extremity tendonitis, and cervicogenic headaches. Medications included Flexeril, Inderal,

Lamictal, Motrin, Norco, Pristiq and Topamax. Recent progress reports do not document the patient's work status. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, none of the progress reports available for review indicate the use of Exalgo. Progress reports since 01/13/15, however, document the use of Norco. It is not clear when the opioid was prescribed for the first time. In progress report dated 02/17/15, the treater states that the patient does suffer from nociceptive, neuropathic and inflammatory pain. The treater also states that the patient notes "substantial benefit of the medication." As per the report, the patient is on the lowest possible dose and experiences "about 90% improvement in pain." UDS, dated 01/15/15 was consistent and there is no indication of drug abuse or aberrant behavior. The treater also states that the patient has no complications or side effects from opioids, and "she has attempted to wean the medications with increased pain, suffering and decreased functional capacity..." The treater, however, does not discuss the impact of opioids on the patient's function. MTUS requires clear examples that demonstrate the change and improvement in patient's ADLs before and after medication use. Hence, the request IS NOT medically necessary.