

Case Number:	CM14-0149854		
Date Assigned:	09/18/2014	Date of Injury:	12/01/2006
Decision Date:	10/20/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old female with a date of injury of 12/01/2006. The listed diagnoses per [REDACTED] are: 1. Cervical disk degenerative disease. 2. Disk disorder, cervical spine. 3. Cervical pain. According to progress report 06/18/2014, the patient presents with neck pain, lower backache, and right shoulder pain. The patient's pain level has increased since last visit and her quality of sleep continues to be poor. The patient reports without Cymbalta, she feels "emotional, right arm numbness and weakness, dizziness, lightheaded, and anxious." Examination of the cervical spine revealed limited range of motion by pain. There was spasm and tenderness noted on the bilateral paracervical muscles. Spurling's maneuver causes pain in the neck but no radicular symptoms. Examination of the right shoulder revealed positive Hawkins' test and tenderness in the acromioclavicular joint and supraspinatus and infraspinatus. The treater is requesting refill of medications. Utilization review denied the request on 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cymbalta 30mg, #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 16, 17; 43, 44.

Decision rationale: This patient presents with neck pain, lower backache, and right shoulder pain. The treater is requesting a refill of Cymbalta 30 mg #30 with 1 refill for patient's continued pain and decreased mood secondary to pain. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." Review of the medical file indicates the patient has been prescribed this medication since at least 01/29/2014. Utilization review modified the request for Cymbalta 30 mg #30 with 1 refill to a 1-month supply without refills. In this case, review of the medical records which includes reports from 01/29/2014 to 06/18/2014 continually document decrease in pain and improvement of mood with utilizing Cymbalta. Given the medication's efficacy, the retrospective Cymbalta 30mg, #30 with 1 refill is medically necessary and appropriate.

Retrospective Cymbalta 60mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 16, 17; 43, 44.

Decision rationale: This patient presents with neck pain, lower backache, and right shoulder pain. The treater is requesting a refill of Cymbalta 60 mg #30 with 1 refill for patient's continued pain and decreased mood secondary to pain. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." Review of the medical file indicates the patient has been prescribed this medication since at least 01/29/2014. Utilization review modified the request for Cymbalta 60 mg #30 with 1 refill to a 1-month supply without refills. In this case, review of the medical records which includes reports from 01/29/2014 to 06/18/2014 continually document decrease in pain and improvement of mood with utilizing Cymbalta. But it is unclear as to why the same medication is being prescribed in two different doses with multiple refill requests. Given that Cymbalta 30mg #30 with 1 refill has been recommended, the additional #30 with 1 refill in the 60mg dosage is not medically necessary. Therefore, the request for retrospective Cymbalta 60mg, #30 with 1 refill is not medically necessary and appropriate.

Retrospective Lidoderm 5% patch, #30 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56, 57, 112.

Decision rationale: This patient presents with neck pain, lower backache, and right shoulder pain. The treater is requesting refill of Lidoderm 5% patch for topical analgesia. The treater states that Lidoderm patches helps patient's pain at nighttime and reduces her pain by 75% for 4-6 hours. MTUS guidelines page 57 states, "topical lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient does not present with "localized peripheral pain." The treater appears to be prescribing the patches for the patient's chronic low back, neck and shoulder pain, which is not supported by the guidelines. Therefore, the request for the retrospective Lidoderm 5% patch, #30 with one refill is not medically necessary and appropriate

Retrospective Rozerem 8mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Sedative Hypnotics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia treatments.

Decision rationale: This patient presents with neck pain, lower backache, and right shoulder pain. The treater is requesting a refill of Rozerem 8 mg #30 at bedtime for patient's sleep issues. Utilization review denied the request stating, "It was noted that the patient continues to report poor quality of sleep despite use of Rozerem." Rozerem is an herbal product containing melatonin/L-tryptophan. The ODG guidelines have the following regarding tryptophan, "This supplement has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders." Regarding Melatonin, ODG states "Melatonin-receptor agonist: Ramelteon (Rozerem) is a selective melatonin agonist (MT1 and MT2) indicated for difficulty with sleep onset; is nonscheduled (has been shown to have no abuse potential)." The treater argues that the patient is unable to sleep without this medication. Patient continues to struggle with sleep issues. However, with this medication, patient is able to sleep more than 30 minutes to 2 hours and sometimes even up to 6 hours. Progress report 04/23/2014 states "Her sleep continues to be poor, sleeping 2 to 4 hours, but improved with Rozerem." In this case, given the patient's continued sleep issues and efficacy of this medication, the retrospective Rozerem 8mg, #30 is medically necessary and appropriate.

Retrospective Voltaren 1% gel, 100mg tube, #3, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with neck pain, lower backache, and right shoulder pain. The treater is requesting a refill of Voltaren gel to be applied to the affected area. The MTUS Guidelines states, "Efficacy and clinical trials for the topical NSAIDs modality has been inconsistent and most studies are small and of short duration. Indications are for osteoarthritis and tendinitis, in particular, that of the knee and elbow and other joints that are amendable to topical treatment, recommended for short-term use for 12 weeks. There is little evidence utilize topical NSAID for treatments of osteoarthritis of the spine, hip, or shoulder." In this case, the patient does not suffer from peripheral joint arthritis or tendinitis problems for which topical NSAIDs are indicated for. As such, the request for retrospective Voltaren 1% gel, 100mg tube, #3, with 1 refill is not medically necessary and appropriate.

Retrospective Soma 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: This patient presents with neck pain, lower backache, and right shoulder pain. The treater is requesting a refill of Soma 350 mg #60. The treater states that Soma has been significantly helpful in reducing her pain. The MTUS page 63 regarding muscle relaxants states, "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Review of the medical file indicates the patient has been taking Soma since at least 01/29/2014. In this case, muscle relaxants are not recommended for long-term use. Therefore, the request for retrospective Soma 350mg, #60 is not medically necessary and appropriate

Retrospective Oxycontin 30mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Opioids, criteria for use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with neck pain, lower backache, and right shoulder pain. The treater is requesting a refill of OxyContin 30 mg to be taken 1 in the morning and 3 at night with maximum of 6 per day #180. MTUS Guidelines pages 88 and 89 state, "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. It was noted that multiple prior peer reviews recommended weaning of this medication. The treater has noted on his report 04/15/2013 that his intent is to wean patient off Oxycontin, but as the medical records document the patient is continually prescribed OxyContin 30 mg #180. In this case, analgesia is discussed but specific functional improvements are not provided. Furthermore, the treater does not provide pain assessment or outcomes measures as required by MTUS. There are no urine drug screens, discussion of aberrant behaviors or possible side effects. Given the lack of sufficient documentation for chronic opiate management, the retrospective Oxycontin 30mg, #180 is not medically necessary and appropriate.

Retrospective Nuvigil, 250mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Armodafinil (Nuvigil)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Provigil (Modafinil).

Decision rationale: This patient presents with neck pain, lower backache, and right shoulder pain. The treater is requesting Nuvigil 250 #30. Review of the medical file indicates the patient have been taking this medication since at least 01/29/2014 for "fatigue secondary to pain medication." The treater states Nuvigil helps with somnolence and allows the patient to function optimally. The ODG Guidelines regarding Nuvigil states "not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsia or shift work disorder." In this case, ODG does not support the use of Nuvigil for narcotic-induced fatigue. Therefore, the request for Retrospective Nuvigil, 250mg, #30 is not medically necessary and appropriate.