

Case Number:	CM13-0009157		
Date Assigned:	12/13/2013	Date of Injury:	05/22/1997
Decision Date:	02/07/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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 49-year-old female who reported an injury on 05/22/1997. The patient is currently diagnosed with lumbar radiculopathy and postlaminectomy syndrome. The patient was seen by [REDACTED] on 07/02/2013. Physical examination revealed bilateral tenderness and spasm of the L3 through L5 paraspinal muscles, painful range of motion, tenderness to the lumbar facet joints, tenderness to palpation of the SI joint, negative Fabere's testing bilaterally, decreased range of motion, spasm of the left paraspinal and SI joint, decreased sensation to pinprick along the left lateral leg and decreased deep tendon reflexes in the bilateral lower extremities. Treatment recommendations included continuation of current medication

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388 & 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

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

Decision rationale: California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain and as a possibility for nonneuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment. Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It has been used off label for neuropathic pain and radiculopathy. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent pain with left lower extremity weakness. The patient's physical examination does not reveal any significant changes that would indicate functional improvement. Therefore, ongoing use cannot be determined as medically appropriate. Therefore, the request is non-certified.

Lidoderm patches 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few, randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is indicated for neuropathic pain. As per the clinical notes submitted, there is no indication that this patient has failed to respond to first line oral medication with tricyclic or SNRI antidepressants, or anticonvulsants such as gabapentin or Lyrica. Therefore, the patient does not currently meet criteria for the use of a topical analgesic. As such, the request is non-certified.

Norflex 100mg #60: Upheld

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

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications may lead to dependence. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to demonstrate palpable muscle spasm, painful range of motion, and diminished range of motion. Satisfactory response to treatment has not been indicated as guidelines do not recommend long-term use of this

medication. The current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. As per the clinical notes submitted, there is no indication that this patient suffers from a cardiovascular disease, or is at risk for gastrointestinal events. Therefore, the patient does not meet criteria for the use of a proton pump inhibitor. As such, the request is non-certified.