

Case Number:	CM13-0011132		
Date Assigned:	12/11/2013	Date of Injury:	11/10/1999
Decision Date:	01/27/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/14/2013

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 Orthopedic Surgery, 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 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 claimant is a 64-year-old female who was injured in a work-related accident on November 10, 1999. The records include a July 2, 2013 report by [REDACTED] indicating continued complaints of lumbar pain with radiating pain to the foot, worse with walking. Leg pain is to the right. Prior surgical history since the time of injury has included a previous IDET procedure, a January 2005 lumbar fusion, a revision 2006 lumbar surgery, and a revision fusion in 2007. Physical examination currently demonstrates restricted range of motion with facet tenderness about the prior scars. There was diminished but equal reflexes and diminished 4/5 strength to the bilateral lower extremities in a global fashion. The claimant was given diagnoses of status post lumbar fusion L3 through S1 with prior hardware removal and chronic pain syndrome. Recommendations at that time were for continuation of medications as well as referral of a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #120: Overturned

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

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

Decision rationale: Guideline criteria indicate the role of antidepressants in the chronic pain setting as a first line option for neuropathic pain and possibly for non-neuropathic pain. Recent literature indicates the off label use of Cymbalta for neuropathic pain and radiculopathy. Given the claimant's long and complex course of care that does include a continued radicular process, the continued use of this agent would appear warranted.

Xanax 0.5 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guideline literature does not support the role of benzodiazepine use for greater than four weeks. The continued role of this agent for long term use in the chronic pain setting is of unclear efficacy. The continued use of this agent at present would not be supported.

Oxycontin: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: The claimant has a long and complex history of low back complaints, including failed multiple lumbar procedures; a spinal cord stimulator is being recommended for chronic and ongoing low back and radicular pain. The continued use of this agent for the claimant's clinical situation would appear medically necessary.

A psychiatrist consultation for ongoing management of psych symptoms and psych medications: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd edition (2004), Chapter 7), page 127

Decision rationale: The California ACOEM Guidelines would indicate the role of consultations to specialists if course of care may benefit from additional expertise. In this case, the claimant is clearly with a history of complex issues to the lumbar spine with chronic pain syndrome and underlying mental health issues related to the injury in question. The specific request at this time would appear to be medically necessary.

