

Case Number:	CM13-0017231		
Date Assigned:	06/20/2014	Date of Injury:	12/21/2004
Decision Date:	08/05/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	08/27/2013

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 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 injured worker is a 62-year-old female who reported an injury on December 21, 2004, due to an unspecified mechanism of injury. On February 25, 2014, she reported increased pain over the right neck. She stated that it was worse when rotating her neck to the left. An examination revealed trigger/tender points over the right neck and limited rotation to left secondary to pain. Her diagnoses included post laminectomy syndrome of the cervical region, muscle spasm, and polysubstance dependence, unspecified. Her medications included fentanyl, Cymbalta, Norco, Celebrex, Lipitor. There were no past therapies noted. The treatment plan was for cervical epidural steroid injections X3, Valium, Voltaren Topical Gel, Cymbalta DR 60mg, Celebrex 200mg, and fentanyl ER patch. The Request for Authorization Form was not submitted for review. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection (x3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46-47.

Decision rationale: The request for cervical epidural steroid injections (ESIs) is not medically necessary. The injured worker was noted to have trigger/tender points over the right neck and limited rotation secondary to pain. The California MTUS Guidelines state that the use of epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the injured worker must be initially unresponsive to conservative treatment. Current research does not support a series of three injections. The guidelines recommend no more than two ESIs. Based on the documentation provided, the injured worker does not have signs or symptoms and/or imaging studies to confirm a diagnosis of radiculopathy. The documentation provided is lacking information regarding prior conservative care to warrant the use of an epidural steroid injection. In addition, the guidelines do not recommend a series of three injections. Furthermore, the requesting physician did not specify the levels at which the injections were to be performed. The request is not supported by guideline recommendations. Given the above, the request is not medically necessary.

Valium: 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 Benzodiazepines Page(s): 24.

Decision rationale: The request for Valium is not medically necessary. The California MTUS Guidelines state that benzodiazepines, such as Valium, are not recommended for long term use because long term efficacy is unproven and there is risk of dependence, most guidelines limit use to 4 weeks. The rationale for the medication was not provided. Therefore, the necessity of the medication Valium is unclear. Given the above, the request is not medically necessary.

Voltaren Topical Gel: 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 Page(s): 111-114.

Decision rationale: The request for Voltaren Topical Gel is not medically necessary. The injured worker reported having neck pain. The California MTUS Guidelines state that the use of topical analgesics, such as Voltaren Topical Gel, is largely experimental in use with few randomized control trials to determine efficacy or safety. Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. Based on the clinical documentation provided, the injured worker does not have a diagnosis or signs and symptoms of osteoarthritic pain. In addition, it was not stated how long the injured worker has been using this medication and functional improvement with the use was not documented to determine efficacy.

The request is not supported by the guideline recommendations. Given the above, the request is not medically necessary.

Cymbalta DR 60mg 1 qam: 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 Anti depressants for chronic pain Page(s): 13-15.

Decision rationale: The request for Cymbalta DR is not medically necessary. The injured worker was reported to have increased pain over the right neck with no radiating pain and spasms. The California MTUS Guidelines state that Cymbalta is recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects including excessive sedation should be assessed. Cymbalta is recommended as a first line option for diabetic neuropathy. There is no evidence to support the use for Cymbalta for lumbar radiculopathy. The clinical information provided failed to document the presence of objective radiculopathy or neuropathic pain. There is no documentation regarding side effects, psychological assessment, sleep quality and duration, and/or efficacy of the medication. Without evidence of efficacy of the medication, the request cannot be warranted. Given the above, the request is not medically necessary.

Celebrex 200 mg 1qd: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Celebrex is not medically necessary. The injured worker was not noted to have any side effects due to medication usage. She reported increased pain in the neck and poor sleep due to her pain. The California MTUS Guidelines state that Celebrex may be considered if patients are at risk of GI complications, but not for the majority of patients. There is no documentation that the injured worker is at risk for GI complications due to medication usage. Based on the clinical information provided the use of Celebrex is not indicated as a necessity. The request does not follow the guideline recommendations. As such, the request is not medically necessary.

Fentanyl ER 12mcg/hr 1 patch q 48hrs: 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 Fentanyl transdermal system Page(s): 44.

Decision rationale: The request for fentanyl ER patch is not medically necessary. The injured worker is noted to be taking fentanyl along with numerous other pain relievers. The California MTUS Guidelines state that fentanyl transdermal system is not recommended as a first line therapy. This medication is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The clinical information did not indicate the injured worker has tried any other means to alleviate her pain other than medications. In addition, the injured worker is still reported pain in the neck despite medication use. Necessity of the medication cannot be determined without documented proof of efficacy of treatment with this specific medication. The request is not supported by the guideline recommendations. Therefore, the request is not medically necessary.