

Case Number:	CM13-0019440		
Date Assigned:	10/11/2013	Date of Injury:	06/19/2011
Decision Date:	02/05/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

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 Family Medicine, and is licensed to practice in 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 47-year-old male who reported an injury on 06/19/2011. The injury was noted to have occurred when the patient was holding a suspect; the suspect tried to run in the opposite direction from where the patient was holding him, pulling on his right arm. The patient's diagnoses included status post L4-5 total disc arthroplasty; status post L5-S1 anterior lumbar interbody fusion; and lumbar radiculopathy pain. Treatment plan was noted to continue physical therapy for the lumbar spine 3 times a week for 4 weeks; referral to a detox center; and medications to include Percocet 5/325 mg, Soma 350 mg, Ativan 1 mg, Neurontin 300 mg, and Cymbalta 30 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy for the lumbar spine, three times a week for four weeks:
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 Physical Medicine Page(s): 98-99.

Decision rationale: The clinical information submitted for review shows the patient has participated in at least 29 physical therapy visits up until 07/19/2013. The patient was noted to show significant improvement as decreased pain and increased strength and function. According to California Postsurgical Guidelines, the patient has exceeded his postsurgical physical medicine following his 10/2012 surgery. Therefore, the recommendations would revert back to the Chronic Pain Physical Medicine Guidelines which state physical medicine is recommended for patients with neuralgia, neuritis, or radiculitis as 8 to 10 visits over 4 weeks. As the patient has far exceeded the guideline recommendations for physical medicine visits and there are no exceptional factors noted to warrant further physical medicine treatment, the request is not supported.

Referral to detox center: 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 Detoxification Page(s): 42.

Decision rationale: California MTUS Guidelines state detoxification may be necessary due to intolerable side effects, lack of response, aberrant drug behaviors, refractory comorbid psychiatric illness, or lack of functional improvement. Official Disability Guidelines further specify the process of detoxification should include evaluation, stabilization, and preparation of the patient for further treatment that should be specifically tailored to each patient's diagnostic needs. At his 08/07/2013 office visit, it was noted that the patient was concerned with his opiate use and recommendation was made for him to be referred to a detox center. The clinical information provided for review failed to give further details related to the patient's concern with his opiate use. Additionally, it is not stated as to why the patient has been recommended to attend a detox center and not just be weaned from his opiate medication. In the absence of further details regarding this request, it is not supported.

Percocet 5/325mg: 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 Opioids, On-going management Page(s): 78.

Decision rationale: California MTUS Guidelines state for ongoing management of patients taking opioid medications, ongoing review and detailed documentation regarding the patient's pain relief, functional status, appropriate medication use, side effects, and the "4 As" for ongoing monitoring is required. It was noted in the patient's most recent note that he was concerned with his opiate use. He was recommended to attend a detox center and his prescription for Percocet 5/325 mg was refilled. The clinical information fails to provide the detailed documentation required for the ongoing management of opioid medications. Additionally, as it is noted there is

concern with the patient's opiate use, further details should be noted in the patient's medical records regarding this. In the absence of the detailed documentation including the "4 As" for ongoing monitoring, the request is not supported.

Soma 350mg: 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 Carisoprodol (Soma) Page(s): 29.

Decision rationale: California MTUS Guidelines state Soma is not recommended for long-term use. This medication is noted to be a schedule 4 controlled substance and has a high rate of abuse. As this medication is not recommended for long-term use, the request is not supported.

Ativan 1mg: 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: California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy has not been proven and there is risk of dependence on these medications. As benzodiazepines are not recommended for long-term use, the request for Ativan 1 mg is not supported by the guidelines.

Neurontin 300mg: 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 Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: California MTUS Guidelines state antiepilepsy drugs, such as Neurontin, are recommended for neuropathic pain. Guidelines further state a "good" response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It further states for patients who report less than a 30% reduction in pain on these medications should be switched to a different first-line agent or started on combination therapy if treatment with the single drug has failed. It further states that after initiation of the treatment there should be documentation of pain relief and improvement in function, as well as documentation of side effects. The clinical information submitted for review failed to give further details regarding the patient's use of Neurontin. There was no noted documentation

regarding whether the patient had at least a 30% reduction in pain or whether his function improved or he reported any side effects. In the absence of this detailed documentation, the request is not supported.

Cymbalta 30mg: 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 Antidepressants Page(s): 13-16.

Decision rationale: California MTUS Guidelines state antidepressants are recommended as a first-line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclic antidepressants are noted to be generally considered the first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Guidelines also state antidepressants are an option to treat radiculopathy, but there are no specific medications that have been proven in high quality studies to be effective in the treatment of lumbosacral radiculopathy. However, it further states that Cymbalta is used off label for neuropathic pain and radiculopathy. However, there is no high quality evidence to support its use for lumbar radiculopathy. As the clinical information submitted for review fails to show whether the patient had been initially tried on a tricyclic antidepressant and guidelines state Cymbalta is not FDA approved for use in lumbar radiculopathy as there is no evidence of efficacy, the request is not supported.