

Case Number:	CM13-0024438		
Date Assigned:	11/20/2013	Date of Injury:	07/10/2006
Decision Date:	02/03/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/14/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Ohio 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 50-year-old injured worker who reported an injury on 07/10/2006. The mechanism of injury was not provided in the medical records nor was initial courses of treatment to include any type of physical or manual therapies, injections, or surgeries. The patient's current diagnoses include degenerative lumbar disc disease, L-spine sprain/strain, and chronic pain syndrome. The patient's current medication include: Neurontin 100 mg 3 tabs daily, Cymbalta 30 mg 2 tabs daily, Vistaril 25 mg 1 tab at bedtime, and Lidoderm dose and frequency unspecified. In reference to the medical notes provided, the patient is complaining of low back pain from 5/10 to 7/10 and is noted not to be working at this time. There was no other medical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg, quantity 30: 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-epilepsy Drugs Page(s): 16-19.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of anti-epilepsy drugs in the treatment of neuropathic pain. Guidelines note that a moderate to good response to the medication includes a 30% to 50% reduction in pain. According to the clinical notes submitted for review, the patient reports that the medications allow for significant increase in function including walking tolerance. However, as early as 07/09/2003, it is documented that the patient continues to complain of radiating pain down into the right lower extremity with numbness and tingling. The clinical notes did not provide any objective documentation showing neurological deficits in the patient. This would include a decrease in motor function and reflexes as well as decreased sensation; there was only record of subjective complaints. Due to the lack of an objective physical examination confirming the patient's subjective complaints, it is unclear why the patient was placed on Neurontin. There is also no evidence that the patient has had decreased pain of at least 30% to 50%. The request for Neurontin 300 mg, quantity 30, is not medically necessary and appropriate.

Lipoderm Patch 5%, quantity 30: 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): 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend topical analgesics to treat neuropathic and osteoarthritic pain. Lidocaine, in particular, is only recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy to include a tricyclic or SNRI antidepressant and an anti-epileptic drug such as gabapentin or Lyrica. As previously discussed, the patient has no objective physical examination findings of neuropathy to include decreased motor function, decreased reflexes, or decreased sensation to confirm her subjective complaints of numbness and tingling. There is also no quantitative evidence available discussing the efficacy of her Cymbalta or Neurontin. The request for Lidoderm patch 5%, quantity 30, is not medically necessary and appropriate.

Cymbalta 30mg, quantity 60: 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): 13-16.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend antidepressants 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 medications, sleep quality and duration, and psychological assessment. The Guidelines state that Cymbalta, in particular, is approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. The Guidelines also

state that there is no high-quality evidence to support the use of Cymbalta in lumbar radiculopathy. In the clinical notes submitted for review, there was no evidence that the patient has been diagnosed with anxiety, depression, diabetic neuropathy, or fibromyalgia. Although the patient states an increase in functional ability, there is no documentation that the patient has decreased the use of other analgesic medications or improved her quality of sleep and continues to complain of pain. The request for Cymbalta 30 mg, quantity 60, is not medically necessary and appropriate.

Vistaril 25mg, quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS/ACOEM Guidelines did not address the use of Vistaril or any other antihistamines; therefore, the Official Disability Guidelines (ODG) was supplemented. ODG states that sedating antihistamines have been suggested for sleep aids, but tolerance seems to develop within a few days. There is also reported next-day sedation as well as impaired psychomotor and cognitive function. ODG guidelines recommend that medications such as over-the-counter antihistamines be carefully evaluated during the treatment of sleep disturbances. Components of insomnia that should be addressed during pharmacological treatment are sleep onset, sleep maintenance, and sleep quality and next-day functioning. It is also not recommended to use these medications in excess of 10 days without being referred for appropriate adjunct psychologic care. There is no information available in the clinical records that refer to the amount of time the patient has been utilizing this medication nor is there any evidence that she has been referred for any cognitive behavioral therapy. The request for Vistaril 25 mg, quantity 30, is not medically necessary and appropriate.