

Case Number:	CM13-0025206		
Date Assigned:	11/20/2013	Date of Injury:	11/06/2011
Decision Date:	01/23/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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:

This is a 32 years old female with date of injury of 11/06/2011 and the following Impression/Differential Diagnosis: 1. Bilateral sacroiliac joint pain 2. Lumbar facet joint pain 3. Lumbar facet joint arthropathy 4. Chronic right low back pain 5. Central L3-L4 herniated disc protrusion measuring 3-4 mm 6. Right pyriformis pain 7. Right lumbar facet joint pain 8. Lumbar facet joint arthropathy 9. Chronic right neck pain 10. Central herniated disc protrusion at C5-C6 measuring 3mm 11. Right cervical facet joint pain 12. Cervical facet joint arthropathy 13. Chronic left wrist pain 14. Left wrist arthroscopy debridement 15. Chronic De quervain's

Diagnostic Imaging and other therapies: Magnetic resonance image of lumbar spine dated 10/18/12 documented "L3/L4: 13 mm central canal stenosis due to 4 mm posterocentral protrusion. L4/L5: 2A mm posterocentral protrusion with annular tear, anterior-posterior (AP) dimension of central canal measures 12.2mm. L5/S1; 3 mm diffuse disc bulge. AP dimension of central canal measures 14 mm." X-ray of cervical spine dated 8/6/12 was unremarkable. The patient had a lumbar epidural injection dated 7110113, 5125/13, and 2/25113. The patient was treated with physical therapy with pool treatment (frequency and date unspecified). The patient was treated with cervical spine injections. At issue are whether the prescription of Norco 10/325 mg p.o. t.i.d. PRN #90, cymbalta 30 mg 1 t..b p.o. q.d. #30, Ambien 10 mg 1 tablet p.o. q.h.s. #30, lidoderm Path #1 are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 mg 1 tab po qd #30 Refill: 4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 15, 105.

Decision rationale: According to the MTUS guidelines, Cymbalta, an SNRIs (serotonin noradrenaline reuptake inhibitors) is recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. The CA-MTUS states Duloxetine (Cymbalta®): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007). No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Dosing: Neuropathic pain (off-label indication): 37.5 mg once daily, increase by 37.5 mg per week up to 300 mg daily. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. This patient has neuropathic pain. The CA MTUS guidelines state that Duloxetine (Cymbalta®) is FDA-approved for "anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. Cymbalta 30mg #30 was initially denied by the carrier, but was later approved for treatment of patient's neuropathic pain by the previous utilization reviewer as being medically necessary, and this reviewer agrees with this later decision.

Ambien 10mg 1 tab po qhs #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 Medline Plus, a web based offering of national Library of Medicine and National Institute of Health

Decision rationale: MTUS is mute on Zolpidem therapy. According to Medline Plus, Zolpidem is used to treat insomnia (difficulty falling asleep or staying asleep) and it belongs to a class of medications called sedative-hypnotics. It works by slowing activity in the brain to allow sleep. Zolpidem should normally be taken for short periods of time (less than two weeks). If zolpidem is taken for 2 weeks or longer, it may not help a patient sleep as well as it did when the patient first began to take the medication. Therefore, the request is non-certified.

Lidoderm patch #1 Refill: 3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: According to the MTUS guidelines Lidoderm patch, whose active ingredient is : Lidocaine Indication: Neuropathic pain recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Therefore the request for lidoderm patch #1 three refills is not medically necessary, since it is only recommended for localized peripheral pain, and the level of penetration into the deep spinal nerve roots are questionable

Norco 10/325 mg pot id PRN #90: Overturned

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

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

Decision rationale: The MTUS guidelines indicate that a trial of opioids as a first step in treatment, and the steps involved are outlined in the Criteria for Use of Opioids. The trial includes an initiation phase that involves selection of the opioid and initial dose. There is then a titration phase that includes dose adjustment. At this phase it may be determined that opioids are not achieving the desired outcomes, and they should be discontinued. The final stage is the maintenance phase. If pain worsens during this phase the differential to evaluate includes disease progression, increased activity, and/or new or increased pre-existing psychosocial factors that influence pain. In addition, the patient may develop hyperalgesia, tolerance, dependence or actual addiction. This medication was initial denied by the carrier, but was later approved by the previous UR physician as being medically necessary for treatment of neuropathic pain. The request is certified.