

Case Number:	CM13-0027538		
Date Assigned:	06/06/2014	Date of Injury:	08/08/2002
Decision Date:	07/14/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 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 employee is a 60-year-old female who states that she sustained a work-related injury on August 8, 2002. The specific mechanism of injury is unknown. The injured employee was seen on August 5, 2013 with a complaint of increased radicular pain in her right leg along the L4, L5 and S1 dermatomes and constant pain radiating to both lower extremities. Prior treatment with physical therapy showed no benefit and increased sacroiliac joint pain. A previous epidural steroid injection at the L4-L5 level provided several months of relief, and an SI joint injection provided no benefit. There were complaints of dizziness with Lyrica. Current medications were stated to include Cymbalta, Flexeril, omeprazole, verapamil, Synthroid, loratadine, simvastatin, hydrochlorothiazide, Neurontin, Celebrex and Lyrica. The physical examination on this date noted lumbar spine facet tenderness at L3 through S1 and pain at the bilateral sacroiliac joints. Flexion, extension and lateral bending of the lumbar spine caused pain. Palpable trigger points were present along the lower lumbar spine. Lower extremity muscle strength was 5/5, and lower extremity reflexes were 2+. There was noted to be decreased sensation at the bilateral L5 and S1 dermatomes and decreased strength in the bilateral extend hallicus longus. Diagnoses included carpal tunnel syndrome, spinal enthesopathy, lumbar spine pain, lumbar degenerative disc disease, myofascial pain, lumbosacral spondylosis, sacroillitis and non-allopathic lesions of the sacrum. Treatment plan included transition from Lyrica to Cymbalta, Flexeril, a psychiatric evaluation and a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 30MG, 1 TABLET ONCE A DAY, #30 WITH 1 REFILL,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants, Duloxetine Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine Page(s): 43.

Decision rationale: Although the California MTUS chronic pain medical treatment guidelines recommend Cymbalta as an option in the first-line treatment for neuropathic pain, the attached medical records most recent medical visit does not contain a diagnosis of cervical or lumbar radiculopathy. Although the injured employee has radicular complaints, there are no signs of true radiculopathy in both lower extremities. Although the intention was to transition the injured employee from Lyrica to Cymbalta without true objective evidence and the diagnosis of radiculopathy and a neuropathic pain, this request for Cymbalta is not medically necessary.

FLEXERIL 10MG 1 TABLET EVERY NIGHT, #30 WITH 1 REFILL,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, Flexeril is recommended as an option work short course of therapy in the management of low back pain. The injured employee does complain of low back pain, and palpable trigger points were present on objective physical examination. However, this prescription is indicated for nighttime usage. Medical literature does not indicate specific administration of this medication just at nighttime despite its potential sedative effects. According to the medical records provided, it is unclear why this prescription for Flexeril was written only for nighttime use. For this reason, this request for Flexeril is not medically necessary.

L4-L5 TRANSFORAMINAL EPIDURAL INJECTION #3,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The California MTUS chronic pain medical treatment guidelines do not support the use of epidural steroid injections in the absence of a documented radiculopathy. The injured employee describes radicular Gastrointestinal (GI) Symptoms And Cardiovascular Risk however, there has been no corroboration to support a radiculopathy with imaging studies or

electrodiagnostic testing. Without this evidence, this request for transforaminal epidural steroid injections is not medically necessary.

SPINAL CORD STIMULATION TRIAL FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-107.

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

Decision rationale: The California MTUS medical treatment guidelines only support the use of a spinal cord stimulator trial for the conditions of failed back syndrome, complex regional pain syndrome, post amputation pain, herpetic neuralgia, spinal cord dysesthesias, pain associated with multiple sclerosis or peripheral vascular disease. The injured employee has not been diagnosed with any of these conditions nor has there been a demonstration of failure to improve with less invasive procedures. Therefore, this request for a spinal cord stimulator trial is not medically necessary.