MAXIMUS Federal Services

Case Number:	CM13-0041091		
Date Assigned:	12/20/2013	Date of Injury:	11/01/2007
Decision Date:	02/27/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/10/2013

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 & 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 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 female who reported an injury on 11/01/2007. The mechanism of injury was not submitted. The patient was diagnosed status post C5-6 fusion, left cervical radiculitis, possible regional pain syndrome, cervical neuropathy, muscle spasm, brachial neuritis or radiculitis, neuralgia, neuritis, and radiculitis unspecified, and spasm of muscle. The patient was seen for follow-up visit status post left stellate ganglion block on 09/18/2013 with 65% improvement in her pain; however, it is returning especially down the left arm. The patient completed 3 sessions of biofeedback. Prior to biofeedback, the patient had a left stellate ganglion block on 05/01/2013 and 02/20/2013 with 50% improvement in her overall pain. The patient reported 1 day of 100% improvement in pain. Prior to that, the patient had a second left C6 epidural steroid injection with 60% improvement in her pain on 01/09/2013 for 1 week. The patient reported a 70% improvement in pain after the first nerve block on 12/05/2012. The patient has been taking 300 mg of Neurontin 3 times a day with minimal side effects, OxyContin 20 mg twice a day, and Cymbalta 30 mg daily. The patient reported ongoing pain across her neck, which has worsened. The patient stated she had 2 to 3 days of improvement after trigger point injections. The patient has been seen by a pain psychologist. Physical examination revealed decreased range of motion of the cervical spine, 4/5 to 4+/5 of muscle strength in the left upper extremity. The patient had a positive Spurling's test on the left. The patient had decreased sensation at the C6 distribution with mild hyperesthesia and allodynia of the left arm. The patient had palpable muscle spasms across the upper cervical region with trigger points identified with having worsened. The patient had increased pain on cervical extension and rotation. There was tenderness over the left cervical facet joints. The patient also had diminished reflexes on the left side. Lumbar range of motion and muscle strength was normal.

The patient was recommended to continue OxyContin, Cymbalta, Sonata, and discontinue Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Oxycontin 20mg x 2 per day, Cymbalta to 30mg qd; Sonata pm; Neurontin to 300 tid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines On-going Opioid management, SNRIs (serotonin noradrena. Decision based on Non-MTUS Citation http://www.rxlist.com/sonata-drug.htm.

Decision rationale: CA MTUS states chronic pain patients on opioids should have ongoing review and documentation of pain relief, functional status appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since the last assessment; average pain, intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The patient continued to complain of pain status post injections and medication treatment. The clinical documentation submitted for review does not indicate a relief in pain or an improvement in function as recommended by the guidelines. Also, no documentation was submitted indicating possible side effects or an ongoing pain assessment. The documentation does not support medical necessity of OxyContin at this time. CA MTUS recommends Cymbalta as an option in first-line treatment for neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. The clinical documentation submitted for review does not indicate the patient has had a trial of tricyclics. The documentation does not support the medical necessity of Cymbalta at this time. CA MTUS Guidelines recommend antiepileptic drugs for neuropathic pain. Gabapentin (Neurontin) has been shown to be effective for treatment for diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Guidelines recommend a trial of Neurontin for chronic neuropathic pain that is associated with spinal cord injury. However, the clinical documentation submitted for review does not indicate an improvement in the patient's function or a decrease in the patient's pain. The documentation submitted for review does not support medical necessity at this time. CA MTUS Guidelines/ACOEM/ODG do not address Sonata PM. Sonata is indicated for short-term treatment of insomnia. The clinical information on-line states Sonata has been shown to decrease the time to sleep onset for up to 30 days in controlled clinical studies. It has not been shown to increase total sleep time or decrease the number of awakenings. The clinical documentation submitted for review does not indicate that the patient was having difficulties with sleep. Therefore, the documentation submitted does not support medical necessity at this time. Given the lack of documentation to support guideline criteria, the request for Oxycontin

20mg x 2 per day, Cymbalta to 30mg qd; Sonata pm; Neurontin to 300 3 times a day is non-certified.