

Case Number:	CM13-0053184		
Date Assigned:	12/30/2013	Date of Injury:	02/27/2012
Decision Date:	09/05/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 Pain Management 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 worker is a 45-year-old female who sustained cumulative trauma from February 27, 2012 through October 24, 2013. She has history of undergoing physical therapy and cervical traction. As per medicals dated October 24, 2013, the injured worker reported ongoing neuropathic pain syndrome in the right greater than left upper extremity. She complained of ongoing headache, neck pain, and numbness in the right upper extremity upon awakening every morning, extending from above the lateral upper condyle into the ulnar aspect of the dorsal hand. She also noted weakness in the bilateral upper extremities, right side greater than left, neck pain and essentially daily headache. She rated her pain level on average at 6-7/10 and would last for two-to-three hours, which allows her to be functional and perform activities of daily living. On examination, she was noted to have depressed affect and has some suicidal ideation but no intent or plan. Range of motion was limited and was noted to be with slow movements. Neck pain radiated at C6-C7 area. Spurling's sign was positive for right elbow tingling sensation. No muscle spasm but tightness was noted over the posterior cervical musculature. Reduced sensation was noted throughout the right side. She underwent urine toxicology screening on August 19, 2013 and August 23, 2013, which revealed results that are consistent with the use of Norco and no illicit medications. Any diagnostic reports were not specified in the records provider however medicals show that she had a magnetic resonance imaging scan of the cervical spine on May 19, 2002 which showed mild disc bulge/stenosis posteriorly at C5-6 with mild spasm. A lumbar magnetic resonance imaging scan done one November 5, 2003 showed scarring within the anterior epidural space at L3-4 and L4-5. Electrodiagnostic studies of the bilateral upper and lower extremities performed on November 14, 2003 showed normal electromyogram of the right lower extremity and normal nerve conduction studies of both upper extremities with no evidence of median neuropathy or cubital tunnel syndrome. She is

diagnosed with cervicgia, brachial neuritis or radiculitis not otherwise specified, displacement of cervical intervertebral disc without myelopathy, and depressive disorder not elsewhere classified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral greater occipital nerve blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Greater occipital nerve block (GONB).

Decision rationale: According to evidence-based guidelines, this procedure is under study as a treatment for primary headaches. Guidelines further document that there are conflicting results when it is used to treat migraines and cluster headaches. Furthermore, evidence-based guidelines document that this is not effective for the treatment of chronic tension headache. In this case, the injured worker is noted to be suffering from headaches in the chronic term. Moreover, there is no documentation of a neurological examination performed in order to provide compelling evidence (e.g. functional deficits) that would warrant the requested bilateral greater occipital nerve block. Moreover, the therapeutic benefits of the requested procedure are not yet established by scientific research. Based on this information, the requested bilateral greater occipital nerve block is not medically necessary.

Cymbalta 60mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15.

Decision rationale: According to evidence-based guidelines Cymbalta (duloxetine), a selective serotonin and norepinephrine reuptake inhibitor (SNRI), is generally classified as an antidepressant which is recommended as a first line option for neuropathic pain. Evidence-based guidelines further mention that tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Cymbalta is Food and Drug Administration-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used for off label neuropathic pain and radiculopathy but there is no high quality evidence for lumbar radiculopathy. In this case, the injured worker was noted to be allegedly depressed and have intolerance to Amitriptyline as she developed dry mouth and dietary sugar cravings. However, documentation failed to provide hard evidence as proven by presented diagnostic results which specifies neuropathic pain or radiculopathy. In addition, there were no psychological evaluation

reports in the provided documentation. Based on this information, the medical necessity of the requested Cymbalta is not established.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 75, 91.

Decision rationale: It is noted that the injured worker has been utilizing Norco as per medicals dated August 19, 2013. On a progress report dated September 24, 2013, the injured worker reported rated her pain as 5/10 with medications and it would rise to 8-9/10 with medication, however, a progress report dated October 24, 2013 showed that the average pain level was 6-7/10. There were no subjective documentation of any functional improvements and there was no significant change in her objective findings. Due to lack of decrease in pain levels, significant objective changes, and lack of functional improvements, the requested Norco 10/325 milligrams is not medically necessary.