

Case Number:	CM13-0057754		
Date Assigned:	04/16/2014	Date of Injury:	09/01/2000
Decision Date:	05/23/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational Medicine, 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 patient is a 52-year-old female who was injured on 3/1/01. The mechanism of injury was not provided for review. Prior treatment history has included physical therapy. As of 7/13/13 the patient was taking Cimetidine, Clorazepate, Cymbalta, Endocet, Gabapentin, Tizanidine, Buspar, Sertraline, and Trazodone. A progress note dated 11/12/13 documented the patient to have complaints of neck pain that radiates to the bilateral upper extremities. The patient also complains of bilateral shoulder pain. The patient's pain level is unchanged with average pain level of 5/10 with medications and 8/10 without medications. Objective findings on exam revealed that the patient was in a moderate amount of distress. The range of motion of the cervical spine revealed moderate to severe reduction secondary to pain. Pain was significantly increased with flexion, extension and rotation. Spinal vertebral tenderness was noted in the cervical spine at the C4-7 level. Cervical paraspinal muscle spasm was noted on palpation. Sensory examination revealed no change. Motor examination revealed no change. The patient's diagnoses include cervical radiculitis, status post cervical fusion, depression, anxiety, status post spinal cord stimulator implant, history of suicidal ideation, and chronic nausea. The treatment plan included the use of Gabapentin; 60 Cimetidine 400mg, 1 twice a day for 30 days; 90 Endocet 5/325mg, 1 three times a day for 30 days; 30 Cymbalta 60mg, 1 daily for 30 days; and Tizanidine HCL 2mg, 1 every 8 hours as needed for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 GABAPENTIN 600MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: Per the California MTUS guidelines, Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia; it has also been considered a first-line treatment for neuropathic pain. While there are no randomized control trials of antiepileptic drugs in the treatment of radiculopathy, the patient appears to have had a good response to use of Gabapentin. According to the available records, she has had sustained improvement in pain and function without significant adverse effects from use of this medication. The provider feels that this medication is assisting the patient to reduce opioid intake. As such, the request for Gabapentin is medically necessary.

60 CIMETIDINE 400MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: As per the California MTUS guidelines, Cimetidine is a histamine H₂-receptor antagonist, which is recommended for patients at intermediate to high risk for gastrointestinal events and for NSAID-induced dyspepsia. The records submitted for review mention a remote complaint of dyspepsia; however, no other specifics are provided. It is not clear if the patient is taking an NSAID currently, has NSAID-induced dyspepsia, or has a history of GI ulcer or bleeding. She is 52. Records do not establish intermediate to high risk of GI events. As such, the request for Cimetidine is not medically necessary.

90 ENDOCET 5/325MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-94.

Decision rationale: In this case, this patient has chronic neck pain with radiating pain down the bilateral shoulders and has been prescribed this medication chronically. On physical exam, there is documentation of moderate-to-severe decreased range of motion, cervical paraspinal muscle spasm, and no change in sensory and motor exam. Per the medical records, the patient has improved functioning and pain due to use of this medication. There is a pain contract. There is periodic evaluation of function with a validated test instrument and periodic urinary drug testing

without suspicion of aberrant behavior. There are no reported adverse side effects. However, long-term use of opioids for chronic pain has not been conclusively shown to improve function, quality of life, or pain. There is a stated goal in the record to wean the patient off opiate analgesics if/when tolerated. Gabapentin is being prescribed to limit opioid use. The patient is not working leaving functional benefit in question. As such, Endocet is medically necessary.

30 CYMBALTA 60MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

Decision rationale: As per the California MTUS guidelines, Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off-label for neuropathic pain and radiculopathy. In this case, this patient is diagnosed with depression and anxiety secondary to chronic neuropathic pain. This patient has tried and failed other antidepressants. While, long-term effectiveness of anti-depressants has not been established, and the effect of this class of medication in combination with other classes of drugs has not been well researched, the patient reportedly has had an improvement in pain and function attributable to this medication. Medical necessity is established, and Cymbalta is certified.