

Case Number:	CM13-0067352		
Date Assigned:	01/03/2014	Date of Injury:	02/07/2013
Decision Date:	04/28/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/17/2013

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 American Board of Preventive Medicine, has a subspecialty in American Board of Preventive Medicine and is licensed to practice in Occupational Environmental Medicine. 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 41 year old female who was injured on 02/07/2013 when she was rear-ended in a MVA. Prior treatment history has included chiropractic care x5, acupuncture x12, PT x16, ESI x2, TENS unit, and a hydrocollator unit. Her medication therapy included Norco. Urine drug analysis collected 10/25/2013 was positive for the following medications: hydrocodone, norhydrocodone, hydromorphone, Meprobamate, and Opiate Interval report dated 10/25/2013 documented the patient to report her pain level as 6-7/10 with medications and 9/10 without. It is burning, aching, dull, and sharp, electricity, and pins and needles discomfort in the neck, low back, right lower extremity, and right hip. She stated that all of her symptoms are predominantly right-sided. Objective findings on exam revealed diffuse tenderness to palpation with full range of motion. Her back revealed diffuse tenderness to palpation of the lumbar paraspinals. She has decreased range of motion to extension and flexion. Neurologically, she is intact. The patient was diagnosed with cervical radiculopathy and lumbar radiculopathy. The patient was prescribed Gabapentin 300 mg 1 p.o. q d. #90; Lidoderm patch 5% apply to affected areas 1-3 patches 12 hours on and 12 hour off p.r.n. pain #90; Naprelan 500 mg 1 q day, Norco 10-325 mg 1 p.o. q day #120; omeprazole 20 mg 1 p.o. q day to b.i.d. #60; and Zanaflex 2 mg 1-2 q h.s. p.r.n. muscle spasms and sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 14.

Decision rationale: According to the CA MTUS guidelines, Duloxetine (Cymbalta®) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. This medication is recommended as a first-line option for diabetic neuropathy. The medical records do not establish the patient has any of the conditions for which this medication is FDA approved to address. It is noted that although the 10/25/2013 medical report lists her diagnoses as cervical and lumbar radiculopathy, the medical report documents she is neurologically intact. Regardless, the guidelines also document that there is no high quality evidence to support the use of duloxetine for radiculopathy. The medical records do not establish that this medication is appropriate and medically necessary for the treatment of this patient.

Tizanidine 6mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity/anti-spasmodic drugs Page(s): 66.

Decision rationale: Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity. Tizanidine is a muscle relaxant. Examination on 10/25/13 demonstrated tenderness. The medical records do not establish the patient has spasticity unresponsive to recent attempts with ice, heat, stretching exercises. The medical necessity of Tizanidine is not established.

Nucynta 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: According to the Official Disability Guidelines, Tapentadol may be recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. The medical records do not establish significant examination findings and pain levels. The medical records have not shown that the patient has failed to respond to first line medications. In addition the records do not demonstrate attempts with self-directed physical

methods and palliative interventions to address her pain complaints. The medical necessity of Nucynta has not been established.

Naprelan CR 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

Decision rationale: Based on the reported subjective complaints and documented examination findings, it is reasonable that the patient's pain complaints can be adequately managed with judicious use of an NSAID medication. According to the guidelines, for pain management, Naprosyn or naproxyn may be recommended. However, Extended-release Naprelan is not recommended due to delay in absorption. The medical necessity of Naprelan CR 500mg is not established.

Lidocaine Patch 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines, Pain Chapter

Decision rationale: The guidelines state topically lidocaine may be recommended for localized peripheral pain after there has been evidence of failure of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. However, the medical records do not establish this patient has localized peripheral pain. The diagnosis of radiculopathy does not establish this medication is appropriate or medically necessary for this patient.

Gabapentin 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 18.

Decision rationale: According to the guidelines, an anti-epilepsy drug (AED), such as Gabapentin, is recommended for neuropathic pain (pain due to nerve damage). Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical

records do not establish the patient has neuropathic pain. There lacks specific subjective complaints, correlative objective clinical findings, and/or corroborative electrodiagnostic evidence to establish active neuropathy is present. The medical necessity of Gabapentin has not been established.

Norco 10-325: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 91; 76-80.

Decision rationale: Norco is indicated for moderate to moderately severe pain. The patient describes having pain in the cervical, lumbar and right hip region. The examination reveals tenderness, decreased flexion/extension, and intact neurological evaluation. The guidelines state regarding chronic pain that in most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. Based on the documented complaints and objective findings, judicious use of non-opioid would be most appropriate to address her complaints. The medical necessity of Norco has not been established.