

Case Number:	CM14-0000998		
Date Assigned:	01/22/2014	Date of Injury:	05/24/2002
Decision Date:	06/06/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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 Texas. 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 58 year-old male who is reported to have sustained work related injuries 05/24/02. Per the available clinical records the patient sustained multiple injuries as the result of a truck explosion. The records indicate the patient has a failed cervical surgery syndrome with chronic progressive cervical radiculopathy, lumbar spinal stenosis with radiculopathy, lumbar post laminectomy syndrome, and spinal cord stimulator with revision. The patient has been treated with oral medications, therapy, and periodic trigger point injections. Per examination there is pain with passive and active range of motion. Motor and sensory is abnormal. Decreased sensation in toe forearms bilaterally, decreased triceps reflex on the left, Decreased grip strength on the left, positive straight leg on the left, and mild decreased sensation in the left lower extremity. The request is for Gabapentin 600 mg, unknown prescription of Norco, Opana ER 10 mg, Elavil 25 mg, Cymbalta 60 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF GABAPENTIN 600 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Page(s): 16-22.

Decision rationale: The patient is a 58 year-old male who is reported to have sustained work related injuries 05/24/02. Per the available clinical records the patient sustained multiple injuries as the result of a truck explosion. The records indicate the patient has a failed cervical surgery syndrome with chronic progressive cervical radiculopathy, lumbar spinal stenosis with radiculopathy, lumbar post laminectomy syndrome, and spinal cord stimulator with revision. The most recent physical examination indicates the patient has both chronic cervical and lumbar radiculopathy. Per California Medical Treatment Utilization Schedule Gabapentin is clinically indicated for the treatment of neuropathic pain and therefore recommended as medically necessary.

ONE (1) PRESCRIPTION OF OPANA ER 10 MG: Upheld

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

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

Decision rationale: The patient is a 58 year-old male who is noted to have both cervical and lumbar failed surgery syndromes. The patient has a permanent dorsal column stimulator. The intent of this device was to reduce and ultimately eliminate the need for opiate medications. The records provide no data regarding the efficacy of this medication or documents functional improvements. The records indicate that urine drug screens have been ordered. However, the record does not contain any results. As such the medical necessity of this request is not established and the prior determinations are upheld.

ONE (1) PRESCRIPTION OF ELAVIL 25 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The patient is a 58 year-old male who has chronic neuropathic pain secondary to failed cervical and lumbar surgery syndromes. On examination the patient is has objective findings of both cervical and lumbar radiculopathy. Per California Medical Treatment Utilization Schedule antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. As such, the patient meets the guideline recommendations and medical necessity is established.

ONE (1) PRESCRIPTION OF CYMBALTA 60 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants..

Decision rationale: The patient is a 58 year-old male who has chronic neuropathic pain secondary to failed cervical and lumbar surgery syndromes. On examination the patient is has objective findings of both cervical and lumbar radiculopathy. Per California Medical Treatment Utilization Schedule antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Duloxetine (Cymbalta®) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007). As the records indicate the patient has neuropathic pain and co morbid depression the medical necessity is established and the prior determination is overturned.

UNKNOWN PRESCRIPTION OF NORCO: Upheld

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

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

Decision rationale: The patient is a 58 year-old male who is noted to have both cervical and lumbar failed surgery syndromes. The patient has a permanent dorsal column stimulator. The intent of this device was to reduce and ultimately eliminate the need for opiate medications. The records provide no data regarding the efficacy of this medication or documents functional improvements. The records indicate that urine drug screens have been ordered. However, the record does not contain any results. As such the medical necessity of this request is not established and the prior determinations are upheld.