MAXIMUS Federal Services

Case Number:	CM14-0117358		
Date Assigned:	08/06/2014	Date of Injury:	06/22/2011
Decision Date:	10/03/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/25/2014

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 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 50-year-old female who has submitted a claim for cervical spondylosis without myelopathy, chronic pain, and psychogenic pain associated with an industrial injury date of 06/22/2011.Medical records from 01/22/2014 to 06/25/2014 were reviewed and showed that patient complained of neck and shoulder pain (pain scale grade not specified) . Physical examination revealed increased neck tone of the trapezius, tenderness over the paracervical muscles, and decreased ROM. MRI study of the cervical spine dated 10/03/2011 revealed right uncovertebral spurring causing mild foraminal stenosis from C4-5 through C6-7 and straightening of the cervical spine. EMG/NCV of the upper extremities dated 08/19/2011 revealed motor median neuropathy of the right wrist, carpal tunnel syndrome of left wrist, and mild ulnar mononeuropathy of the elbow (laterality not specified). Treatment to date has included cervical ESIs (01/18/2012 and 03/21/2012), Cymbalta 60mg (quantity not specified; prescribed since 01/22/2014), Cyclobenzaprine 7.5mg (quantity not specified; prescribed since 01/22/2014), Topamax 100mg (quantity not specified; prescribed since 01/22/2014), and other pain medications. Of note, there was no documentation of functional improvement with pain medications. There was noted trial and failure of anticonvulsants. Utilization review dated 06/25/2014 denied the request for Cyclobenzaprine 7.5mg (DOS 06/09/2014) because there was no evidence of significant improvement with the medication. Utilization review dated 06/25/2014 denied the request for Topamax 100mg (DOS 06/13/2014) because there was no evidence of neuropathic pain presented. Utilization review dated 06/25/2014 denied the request for Cymbalta 60mg (DOS: 06/13/2014) because there was no evidence neuropathic pain presented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 7.5mg 10 tablets (6/9/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Page(s): pages 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, the patient has been prescribed Cyclobenzaprine 7.5mg (quantity not specified) since 01/22/2014. However, there was no documentation of functional outcome with cyclobenzaprine use. Moreover, the long-term use of cyclobenzaprine is not in conjunction with guidelines recommendation. Therefore, the retrospective request for Cyclobenzaprine 7.5mg 10 tablets (6/9/14) is not medically necessary.

Retrospective request for Cymbalta 60mg 30 tablets (6/13/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

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

Decision rationale: As stated on pages 15-16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy; recommended as a first-line option for diabetic neuropathy; and has no high quality evidence to support use for lumbar radiculopathy. In this case, the patient was prescribed Cymbalta 60mg (quantity not specified) since 01/22/2014. However, there was no documentation of pain relief and functional improvement with previous use. Moreover, there was no documentation of anxiety, depression, diabetic neuropathy, or fibromyalgia for which duloxetine is FDA-approved. Therefore, the Retrospective request for Cymbalta 60mg 30 tablets (6/13/14) is not medically necessary.

Retrospective request for Topamax 100mg 30 tablets (6/13/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), page 16; Other Antiepileptic Drugs: Topiramate (Topamax, no generic.

Decision rationale: As stated on page 16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain. Page 21 states that Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. In this case, the patient was prescribed Topamax 100mg (quantity not specified) since 01/22/2014. There was no documentation of pain relief and functional improvement with its use. Furthermore, there was no documentation of failure with other anticonvulsants to support Topamax use. Therefore, the Retrospective request for Topamax 100mg 30 tablets (6/13/14) is not medically necessary.