

Case Number:	CM14-0155299		
Date Assigned:	09/25/2014	Date of Injury:	12/09/2005
Decision Date:	10/27/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/23/2014

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 46-year-old female who has submitted a claim for cervical spondylosis associated with an industrial injury date of December 9, 2005. Medical records from 2014 were reviewed, which showed that the patient complained of neck pain. Physical examination revealed a patient in slight distress with a slow gait. Cervical spine has no gross deformities but has tenderness and moderately limited ROM with pain. Tenderness was noted at the T4-8 paravertebral region as well as bilateral anterior shoulders and knees. Her upper extremities have normal sensation, motor strength and reflexes. A cervical MRI dated 2/24/07 revealed reversal of usual cervical lordosis and multilevel disc protrusions/extrusions. Laboratory workup done on 7/21/2014 showed a Hg of 11.1 (low), MCV 70.2 (low), MCH 22.2 (low), iron of 89 (normal) and ferritin of 81.9 (normal). Treatment to date has included off work, psychotherapy, psychological treatment, CTR surgeries, medications, injections, immobilization, activity restrictions, TENS and HEP. Medications include Amitiza (since at least March 2014), ferrous sulfate (since at least March 2014), gabapentin (since at least March 2014), tramadol (since at least March 2014), lansoprazole, metoprolol and duloxetine (since at least March 2014). Utilization review from August 27, 2014 denied the request for Thirty (30 tablets of ferrous sulfate 325mg, Gabapentin 100mg 90 tablets, Duloxetine 30mg 90 tablets and Thirty (30) tablets of Amitiza 24mcg. The request for ferrous sulfate was denied because no other laboratory test other than hemoglobin was provided to establish a diagnosis of iron deficiency anemia. The request for Amitiza was denied because the most recent report did not mention that the patient complains of constipation and the concurrent request for tramadol had been determined to be not medically necessary. The request for duloxetine was denied because the physical examination did not reveal the presence of neuropathic pain and depression. The request for gabapentin was

denied because the most recent physical examination did not suggest the presence of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty (30) tablets of ferrous sulfate 325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Ferrous Sulfate)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA, Ferrous Sulfate was used instead. The FDA indicates the use of ferrous sulfate for the treatment of iron deficiency anemia. In this case, laboratory workup done on 7/21/2014 showed a Hg 11.1 (low), MCV 70.2 (low), MCH 22.2 (low), iron of 89 (normal) and ferritin of 81.9 (normal). The patient indeed has a microcytic, hypochromic anemia. However, iron studies were normal and therefore, the patient does not have iron deficiency anemia. Other causes of anemia should be explored. Therefore, the request for 30 tablets of ferrous sulfate 325mg is not medically necessary.

Gabapentin 100mg 90 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on gabapentin as early as March 2014. However, the patient's latest progress report does not mention any paresthesia or numbness, and objectives section revealed normal neurologic exam. The patient's current presentation is not consistent with neuropathic pain. Therefore, the request for Gabapentin 100mg 90 tablets is not medically necessary.

Thirty (30) tablets of Amitiza 24mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lubiprostone (Amitiza®)

Decision rationale: CA MTUS does not specifically address Amitiza (lubiprostone). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) were used instead. ODG states that lubiprostone is recommended only as a possible second-line treatment for opioid-induced constipation. In this case, Amitiza was being prescribed since at least March 2014 concurrent with tramadol use. However, the current request for tramadol was not certified. Moreover, there was no complaint of constipation on the latest progress reports. Therefore, the request for 30 tablets of Amitiza 24mcg is not medically necessary.

Duloxetine 30mg 90 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. In this case, the patient has been on duloxetine as early as March 2014. However, the patient's latest progress report does not mention any paresthesia or numbness and the objectives section revealed normal neurologic exam. The patient's current presentation is not consistent with neuropathic pain. Therefore, the request for Duloxetine 30mg 90 tablets is not medically necessary.