

Case Number:	CM14-0174078		
Date Assigned:	10/29/2014	Date of Injury:	01/16/2013
Decision Date:	12/05/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/22/2014

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 injured worker is a 52 year old male with a date of injury on January 16, 2013. He is diagnosed with (a) lumbar strain with facet hypertrophy, (b) L4-L5 and L5-S1 intervertebral annular bulging, mild; (c) L4-L5 and L5-S1 facet arthrosis; (d) right L5-S1 subarticular narrowing with mild focal impingement of the exiting right L5 nerve root, mild; (e) right lower extremity neuralgia pain related to lumbar sacral facet focal compression; (f) opioid-induced constipation, Bristol Stool Score 2; (g) Type II Diabetes Mellitus; and (h) pain-induced depression. Per July 21, 2014 records, the injured reported was status post medial branch block performed on June 12, 2014 with a 60-70% pain reduction. He complained of low back pain, right more than left, with occasional radiation to the lower extremities. Lumbar spine examination noted limited range of motion in flexion, extension, right and left lateral flexion. Seated and supine straight leg raising test was positive bilaterally. Piriformis stretch was positive on the right and facet load test was positive at L4-L5 and L5-S1. A magnetic resonance imaging of the lumbar spine dated March 20, 2013 was reviewed and demonstrated (a) lower thoracic and lumbar disc demonstrate varying degrees of disc degeneration, including moderate disc degeneration at T10, T11, T11-T12, and T12-L1 and mild disc degeneration at L1-L2; (b) annular bulges, mild, multiple levels and mild facet arthrosis present throughout lumbar spine; and (c) L5-S1: subarticular narrowing, moderate, related to facet arthrosis; possible mild impingement on exiting right L5 nerve within foramen. Per July 23, 2013 records, the injured worker reported that since Pristiq was denied his lumbar sacral stiffness has increased. He reported that since he joined a gym with a pool, he noted a reduction in the severity of the pain. He stated that due to the severity of his pain, his activities of daily living remained limited. He rated his pain at its best as 4/10, on average as 5/10 and at worst 7/10. On examination, he was noted with antalgic gait. Weight bearing in a sitting position was also limited by pain and has

continual squirming. His sitting ability also deteriorated since his last visit and he was guarded. Moderate spasms were noted on the right. Range of motion was limited. Tenderness was noted over L5-S1, sacroiliac joint, Piriformis muscle, and greater trochanter, more to the right than left. On 9/11/2014, he underwent bilateral radiofrequency ablation at L4-L5, L5-S1 with fluoroscopy guidance and IV sedation. Most recent records dated 10/22/2014 noted his medications decreased his pain by over 50%. He also reported that on 9/11/2014 he underwent radiofrequency rhizotomy at L4-L5 and L5-S1 reduced the pain severity until he started physical therapy. He also reported that he continued to do home exercises with some benefit. Land activities of daily living increased but remained to be unable to return to work. He stated that he reported to his therapist that he was experiencing a headache during instruction regarding core strengthening and following that he lost his strength in his adductor muscles on the right eye and moving in his right eyelid. Review of systems have been significant for recent ocular adductor paralysis and levator muscles of his lid paralysis. Hypersensitivity has been noted in the side of his face. Activities of daily living remained to be limited by lower back pain and neuralgia. Pain level was rated at 3/10 at its best, 4-5/10 on average, and 6/10 at its worst. Antalgic gait was noted. Pain and continual squirming was noted with limited weight bearing in a sitting position. He partly bore weight on his arms when sitting. Moderate right lumbar spasms were noted. Range of motion was limited in all planes. Tenderness was noted over the L5-S1, sacroiliac joint, piriformis muscle, and greater trochanter, bilaterally, right greater than left. Cranial nerve 5 examination noted hypersensitivity on the right side of the face. Cranial nerve 7 noted right-sided ptosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35 mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs, specific drug list & adverse effects Page(s): 22, 70-73.

Decision rationale: According to evidence-based guidelines, nonsteroidal anti-inflammatory drugs are not recommended to be used in the long-term. If continued use is to be warranted, there should be documentation of significant decrease in pain levels and significant increase in functional improvement. In this case, the documents indicate that the severity of the injured worker's pain levels has been decreased by over 50% however this does not corroborate with his objective findings as there has been no significant change with the said findings. Moreover, pain levels remained the same since he started taking this medication. Due to no significant change in pain levels and associated symptoms as well as objective findings and the long-term use of nonsteroidal anti-inflammatory drugs is outside evidence-based guidelines, the medical necessity of the requested Zorvolex 35 mg # 9 is not established. The request is not considered medically necessary.

Pristiq Desvenlafaxine 50 mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition, Chapter, Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14.

Decision rationale: Desvenlafaxine is an SNRI (selective serotonin and norepinephrine reuptake inhibitor). Guidelines indicate that selective serotonin and norepinephrine reuptake inhibitors (SNRIs) have not been evaluated for chronic low back pain. The only recommended medication is Duloxetine. Also, there is no indication that first-line anti-depressants have been tried and failed. Therefore, the medical necessity of the requested Pristiq Desvenlafaxine is not established.