

Case Number:	CM14-0021221		
Date Assigned:	05/07/2014	Date of Injury:	04/12/2001
Decision Date:	08/11/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/20/2014

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:

This is a 64-year-old female patient with 4/21/11 date of injury. She injured herself while helping residents from medical center with showering. She slipped and fell on her left side. A 4/16/14 progress report indicated that the patient had exacerbation of her left leg pain that radiating all the way to the calf and toes. She described pain as sharp stabbing and needlelike. The patient had the same pain in her neck and shoulders. Her worst pain was 6-8/10 when felt better. Physical exam demonstrated diminished ROM in the cervical spine, tenderness in the bilateral paravertebral muscles. There was lower back pain and radicular pain more on the right side. MRI dated 8/2008 revealed broad based disc protrusion, narrowing of the disc space with displacement of left S1 nerve root and moderate neural foraminal narrowing. She was diagnosed with Chronic Pain Syndrome, Cervical Spondylosis without myelopathy, Degeneration of cervical intervertebral discs and degeneration of the lumbar and lumbosacral intervertebral disc. Treatment to date: medication management, TENS unit, chiropractic treatment. A 4/9/12 right radiofrequency procedure at C4, C5 and C6 with 50% neck pain relief for over one year period with diminished headache, 11/14/11 left RF at C4, C5, C6 with 80% pain relief for left sided neck pain and left shoulder pain for over the 1 year. Epidural steroid injection x3 with positive pain relief effect. There is documentation of a previous 2/05/14 adverse determination based on the fact that use of cervical facet rhizotomies was not supported with cervical pain that was radicular. Fentanyl patches were not certified because there was no evidence of long acting opioid trial. Cymbalta was modified to #30 with no refills, because of insufficient information in regards to assessment of previous efficacy. Gabapentin was modified to #90 with no refill because there was no documentation supporting significant pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 60 MG #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

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

Decision rationale: CA MTUS states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. The patient presented with the pain of her left leg that radiating all the way to the calf and toes. She described pain as sharp stabbing and needlelike. The patient had the same pain in her neck and shoulders. Her worst pain was 6-8/10. However, there was documentation that the patient was taking Cymbalta since 6/27/13. There was no evidence of significant pain relief or functional gains. In addition, the UR decision denied the request for Cymbalta 60mg # 30 with no refill. Therefore, the request for Cymbalta 60 mg #30 with 3 refills, as submitted is not medically necessary.

FENTANYL PATCH 12 MEG/HR #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, but is not recommended as a first-line therapy. The patient presented with the pain of her left leg that radiating all the way to the calf and toes. She described pain as sharp stabbing and needlelike. The patient had the same pain in her neck and shoulders. Her worst pain was 8/10 and the 6/10 when felt better. However, there was documentation that the patient was using Fentanyl patches since at least 6/27/13. In addition, there was no evidence of significant pain relief or functional gains. There was no documentation of failure of first-line medication. Therefore, the request for Fentanyl patch 12 mcg/hr #10 was not medically necessary.

GABAPENTIN 400 MG #90 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs, Gabapentin Page(s): 16-18, 49.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient presented with the pain of her left leg that radiated all the way to the calf and toes. She described pain as sharp, stabbing and needle-like. There was modification of Gabapentin from #90 with 3 refills to #90 with no refill. The guidelines consider Gabapentin a first-line agent for neuropathic pain. However, this request is for Gabapentin with 3 refills, which would equal a 4-month supply, which is excessive. Therefore, the request for Gabapentin 400 mg #90 with 3 refills, as submitted, is not medically necessary.

RADIOFREQUENCY LESIONING OF MEDIAL BRANCHES AT RIGHT C4,C5,C6:
Overturned

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) Low Back Chapter.

Decision rationale: CA MTUS does not address this issue. ODG criteria for RFA include evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at greater than 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. The patient presented with the pain of her left leg that radiating all the way to the calf and toes. She described the pain as sharp, stabbing and needle-like. The patient had the same pain in her neck and shoulders. Her pain ranged from 6-8/10. There was documentation supporting that a 4/9/12 right radiofrequency procedure at C4, C5 and C6 with 50% neck pain relief for over one-year period with diminished headache. Guidelines recommended repeat neurotomy at an interval of at least 6 months from the first procedure if there was 50% relief. Therefore the request for radiofrequency lesioning of medial branches at right C4, C5, and C6 is medically necessary.