

Case Number:	CM14-0051918		
Date Assigned:	07/07/2014	Date of Injury:	08/26/2008
Decision Date:	10/28/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 female patient with a date of injury of August 26, 2008. A utilization review determination dated April 14, 2014 recommends non-certification of transportation to medical appointments, gabapentin 600 mg #30, Cymbalta 30 mg #60, and bilateral C 5 - 7 epidural steroid injection. A progress note dated March 11, 2014 identifies subjective complaints of neck pain that radiates down bilateral upper extremities, the patients neck pain is aggravated by activity and walking, low back pain that radiates down bilateral lower extremities, upper extremity pain bilaterally in the hands, lower extremity pain in the left hip and knee, lower extremity pain that is aggravated by activity and walking, ongoing migraine headaches, pain that is rated as a 8/10 with medications, pain that is rated as a 10/10 in intensity without medications, and the patient's pain is reported as worsened since her last visit. The patient is status post a cervical epidural steroid injection b/l C5-7, done on November 7, 2013 with greater than 80% improvement and with functional improvement with mobility that lasted seven weeks. Physical examination of the cervical spine identifies tenderness of C4-7, tenderness is noted in the trapezius muscles bilaterally, tenderness of bilateral paravertebral C5-7 with palpation, range of motion of the cervical spine was moderate to severely limited due to pain, decreased sensation bilaterally along C5-7 dermatomes, decreased strength of bilateral dermatomal level of C5-7, and decreased grip strength bilaterally. The diagnoses include cervical radiculopathy, chronic pain, lumbar failed back surgery syndrome, lumbar radiculopathy, status post lumbar spine fusion, fibromyalgia, headaches, depression, fibromyalgia, and status post lumbar spine removal of hardware. The treatment plan states that the patient is awaiting response for pool therapy and transportation. The treatment plan recommends bilateral C5-7 epidural steroid injection, comprehensive metabolic panel, gabapentin 600 mg #30, pantoprazole 20 mg #30, tizanidine 4 mg #30, cartivisc 500/150/200mg #90, Cymbalta 30 mg #30, and Topamax 25 mg #60. An MRI

of the cervical spine dated November 23, 2009 identifies at C3-4 a 2 mm posterior disc protrusion with encroachment on the subarachnoid space, at C4-5 a 2 mm posterior disc protrusion with encroachment on the subarachnoid space and 2 mm anterior disc protrusion with encroachment on the anterior longitudinal ligament, at C5-6 a 3 mm posterior disc protrusion/extrusion with encroachment on the subarachnoid space and encroachment on the foramina contributed to by osteophytes projecting posterior laterally from the unconvertabral joints with compromise on the exiting nerve roots there are arthritic changes in the facet joints 2 mm anterior disc protrusion with encroachment on the anterior longitudinal ligament, and at C-7 a 2 mm posterior disc protrusion with encroachment on the subarachnoid space with mild compromise on the exiting roots. A procedure report dated May 19, 2014 identifies a bilateral C5-C7 epidural corticosteroid injection was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to medical appointments frequency and duration not indicated: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services- California

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: Medicare Coverage of Ambulance, page 6
Services<https://www.medicare.gov/Pubs/pdf/11021.pdf>

Decision rationale: Regarding the request for transportation to medical appointments, California MTUS and ODG do not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. Within the documentation available for review, there is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. In light of the above issues, the currently requested transportation to medical appointments is not medically necessary.

Gabapentin 600mg #30: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 OF 127.

Decision rationale: Regarding request for gabapentin 600mg #30, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment,

there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no documentation of specific objective functional improvement. In the absence of such documentation, the currently requested gabapentin 600mg #30 is not medically necessary.

Cymbalta 30mg #60: 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 8 C.C.R. 9792.20 - 9792.26 Page(s): 13-16.

Decision rationale: Regarding the request for Cymbalta 30mg #60, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the Cymbalta provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. Additionally, if the Cymbalta is being prescribed to treat depression, there is no objective findings which would support such a diagnosis (such as a mini mental status exam, or even depressed mood). In the absence of clarity regarding those issues, the currently requested Cymbalta 30mg #60 is not medically necessary.

Bilateral C5-7 epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and 46 of 127 Epidural steroid injections (ESIs) Page(s): 46 OF 127.

Decision rationale: Regarding the request for bilateral C5-7 epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are recent physical examination findings supporting a diagnosis of radiculopathy. Furthermore, the MRI does support radiculopathy at the proposed level of the epidural steroid injection. However, the patient underwent a b/l C5-7 epidural steroid injection on May 19, 2014, with no documentation of objective functional improvement and pain relief for at least 6 weeks. As such, the currently requested bilateral C5-7 epidural steroid injection is not medically necessary.