

Case Number:	CM14-0052414		
Date Assigned:	07/07/2014	Date of Injury:	12/05/2007
Decision Date:	10/07/2014	UR Denial Date:	04/07/2014
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 & Rehabilitation and is licensed to practice in Louisiana. 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:

Progress report dated 06/05/2014 documented the patient to have complaints of low back pain and left buttock pain. She reported worsening low back pain. She rated her pain as 4-5/10 and is constant and occasionally sharp radiating to posterior right lower extremity and into the left L3-L4 dermatomes. She has associated burning, numbness and tingling symptoms with her pain. She reported relief with OxyContin 20 mg and Percocet 10/325 mg for breakthrough pain as well as Cymbalta. Objective findings on exam revealed diffuse tenderness to palpation throughout the lower lumbar paraspinous muscles as well as at the L4-L5 and L5-S1 disc spaces. Range of motion of the lumbar spine is within normal limits in flexion, extension, and bilateral oblique extension. Neuro exam revealed 4/5 strength in bilateral knee extensors and EHL muscles; Reflexes are hyporeflexic and symmetric in the bilateral patellar and ankle jerk reflexes. She is diagnosed with chronic pain syndrome, lumbar degenerative disk disease, and bilateral L4 and L5 radiculopathies, status post multiple surgeries. She has been recommended for epidural steroid injection. She was provided Oxycontin 20 mg, Percocet 10/325 mg, Cymbalta 20 mg #60, Senna and Docusate. Prior utilization review dated 04/07/2014 states the request for Lidocaine Pad 5% is denied as it is not recommended as first line treatment. Ambien 10mg is modified to certify #20 with no refills and is not recommended for long term use and should be weaned for discontinuation; and Cymbalta 20mg is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5%: 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 Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Lidocaine pad is recommended for a trial if there is evidence of localized pain that is consistent with neuropathic etiology and should be used for a short-term period (no more than four weeks). Continued outcomes should be intermittently measured and if improvement does not continue, it should be discontinued. The records do not indicate any significant improvement and the use of this medication has exceeded the recommendation of the guidelines therefore, it is not medically necessary.

Ambien 10mg: 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, Zolpidem (Ambien)

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Ambien is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The records indicate the use of this medication for over a year and the continued use is not supported by the guidelines therefore, it is not medically necessary.

Cymbalta 20mg: 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 Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta), pag.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first-line treatment option in neuropathic pain. The starting dose is 20-60 mg/day, and no advantage has been found by increasing the dose to twice a day, except in fibromyalgia. In this case, the guidelines have been exceeded by the dosage amount and modifications of this medication are recommended therefore, the request is not medically necessary.