

Case Number:	CM14-0111260		
Date Assigned:	09/19/2014	Date of Injury:	02/22/2000
Decision Date:	01/16/2015	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/16/2014

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:

Patient is a 63-year-old female who has submitted a claim for chronic pain syndrome, cervical disc disorder with radiculopathy, degeneration of cervical intervertebral disc, cervicogenic headache, cervical facet joint pain, knee osteoarthritis, degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral neuritis, lumbar facet joint pain, insomnia, depression, and anxiety associated with an industrial injury date of 2/22/2000. Medical records from 2013 to 2014 were reviewed. Patient complained of neck pain radiating to bilateral shoulders. The patient likewise experienced low back pain radiating to bilateral lower extremities. There was associated numbness, weakness, and tingling sensation. Patient reported symptoms of depression and anxiety concerning pain and activity intolerance. She likewise experienced headaches. Gait was antalgic. Patient was alert and oriented to time, place, and person. Cognition was intact. Examination of the cervical spine showed tenderness, restricted motion, and positive Spurling's sign. Examination of the lumbar area showed tenderness, painful range of motion, and positive bilateral straight leg raise test. Tenderness and crepitus were noted at both knee joints, with intact range of motion. Dysesthesia was noted from shoulder to fingertips of bilateral arms. Motor strength and reflexes were intact. MRI of the cervical spine, dated 9/17/2013, showed degenerative disc disorder at C3 to C4 and C5 to C6 with mild neural foramina narrowing. Treatment to date has included cervical epidural steroid injection on 7/23/2011 (resulting to 70% pain relief for 4 months), aqua therapy, hot/cold modality, exercise, and medications such as MS Contin, Norco, Zanaflex, Lidoderm, Cymbalta, Neurontin, Lunesta, and Lyrica (since 2013). Utilization review from 6/27/2014 denied the request for Duloxetine 30mg #90 3 refills because of no indication of depression, diabetic neuropathy or fibromyalgia support medication use; denied Trazodone 25 mg, #60 because of no functional benefits from its use; denied Gabapentin 300 mg, #90 with 3 refills because of no objective neuropathic pain condition

to support the need for this type of medication; and denied MS Contin 30 mg, #90 because of no significant overall functional improvement from opiate use. The reasons for the denial of Lyrica 75mg #90 3 refills, Norco 10/325mg #90 3 refills, Cymbalta 30mg #90 3 refills, Zanaflex 2mg #90 3 refills, and Cervical Epidural Steroid Injection at C3, C4, C5 and C6 levels were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 30mg #90 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43 and 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, patient has been on Duloxetine since 2013. She has symptoms of depression and anxiety. Clinical manifestations of neck pain and low back pain radiating to bilateral upper and lower extremities, respectively, are likewise consistent with neuropathic pain. However, there is no documentation concerning objective functional improvement from medication use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Duloxetine 30mg #90 3 refills is not medically necessary.

Trazodone 25mg #60 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Section, Trazodone

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines, (ODG) Mental Illness and Stress Section was used instead. It states that Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression, or anxiety. There is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. In this case, patient has been on Trazodone since 2013. Patient has symptoms of depression and anxiety. However, there is no discussion concerning sleep hygiene that may warrant use of this medication. There is likewise no documentation

concerning objective functional improvement from medication use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Trazadone 25mg #60 3 refills is not medically necessary.

Gabapentin 300mg #90 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16 and 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, patient has been on Gabapentin since 2013. Patient has symptoms of neck pain and low back pain, radiating to bilateral upper and lower extremities, respectively, consistent with neuropathic pain. However, there is no documentation concerning objective functional improvement from medication use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Gabapentin 300mg #90 3 refills is not medically necessary.

MS Contin 30mg #90 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on MS Contin since 2013. However, the medical records do not clearly reflect objective evidence of continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for MC Contin 30mg #90 3 refills is not medically necessary.

Lyrica 75mg #90 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16 and 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, patient has been on Lyrica since 2013. Patient has symptoms of neck pain and low back pain, radiating to bilateral upper and lower extremities, respectively, consistent with neuropathic pain. However, there is no documentation concerning objective functional improvement from medication use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Lyrica 75mg #90 3 refills is not medically necessary.

Norco 10/325mg #90 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since 2013. However, the medical records do not clearly reflect objective evidence of continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg #90 3 refills is not medically necessary.

Cymbalta 30mg #90 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43 and 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, patient has been on Duloxetine since 2013. She has symptoms of depression and anxiety. Clinical manifestations of neck pain and low back pain radiating to bilateral upper and lower extremities, respectively, are likewise consistent with neuropathic pain. However, there is no documentation concerning objective functional

improvement from medication use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Cymbalta 30mg #90 3 refills is not medically necessary.

Zanaflex 2mg #90 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Zanaflex since 2013. However, there is no objective documentation concerning pain relief and functional improvement derived from its use. The most recent physical examination failed to show evidence of muscle spasm. Long-term use is likewise not recommended. Therefore, the request for Zanaflex 2mg #90 3 refills is not medically necessary.

Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, patient complained of neck pain radiating to bilateral shoulders associated with numbness, weakness, and tingling sensation. Dysesthesia was noted from shoulder to fingertips of bilateral arms. Motor strength and reflexes were intact. Patient underwent cervical epidural steroid injection on 7/23/2011 (resulting to 70% pain relief for 4 months). However, MRI of the cervical spine, dated 9/17/2013, showed degenerative disc disorder at C3 to C4 and C5 to C6 with mild neural foramina narrowing. There is not enough evidence of nerve root compromise from imaging study and objective findings to warrant ESI at this time. Guideline criteria are not met. Therefore, the request for cervical epidural steroid injection at C3, C4, C5 and C6 levels is not medically necessary.

Lidoderm patch #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Patch. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for use of Lidoderm Patch

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56 and 57.

Decision rationale: Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the patient complained of neck pain radiating to bilateral shoulders. The patient likewise experienced low back pain radiating to bilateral lower extremities. There was associated numbness, weakness, and tingling sensation. Clinical manifestations were consistent with neuropathic pain. The patient had also failed a trial of gabapentin and Cymbalta for neuropathy hence the prescription for Lidocaine patch. However, Lidoderm patch was prescribed since 2013 and there was no documentation concerning pain relief and functional improvement derived from its use. Therefore, the request for Lidoderm patch #90 with 3 refills is not medically necessary.