

Case Number:	CM14-0200342		
Date Assigned:	12/10/2014	Date of Injury:	11/09/2010
Decision Date:	01/30/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 47 year old female with a work injury dated 11/9/10. The diagnoses include chronic pain syndrome, lumbar disc displacement with radiculitis, headache, degeneration of the intervertebral disc, cervicalgia, incontinence without sensory awareness, adjustment disorder with mixed anxiety, morbid obesity, lateral epicondylitis, uncontrolled hypertension. There are requests for the medical necessity of Gabapentin, Norco, Cymbalta, and Baclofen. There is a 10/13/14 document which states that the patient appears uncomfortable. There is moderate tenderness is present at the bilateral paraspinals and left trapezius region. The range of motion is decreased throughout. Spurling's sign produces left shoulder pain. Hoffman sign is positive on the left. Lhermitte test is negative. There is decreased left finger abduction, there is decreased sensation to light touch in the C8 and left C5 dermatome. The patient's last cervical MRI was 2/2013. The patient has increased pain and change in symptoms. She is experiencing motor and sensory deficits C8 left more than right. In addition she has urinary retention and clumsiness of the hands. There is a recommendation for cervical MRI for surgical planning. An 11/4/14 cervical MRI reveals mild cord compression at C6-7 due to disc/osteophyte complex has increased. There is mild stable central cord compression at C5-6 and multiple areas of neural foraminal stenosis. An 11/4/14 document states that myelopathic symptoms are present and with the MRI findings noted an ACDF is scheduled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-22.

Decision rationale: Gabapentin 600mg #90 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of antiepileptic treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has been on Gabapentin at least since June 2014 without any significant evidence of functional improvement on the documentation submitted. Therefore the request for Gabapentin 600mg #90 with 3 refills is not medically necessary.

Cymbalta 60mg #60 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 Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) Page(s): 15-16.

Decision rationale: Cymbalta 60mg #30 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. There is no high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy and more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. The documentation states that Cymbalta is being prescribed for depression and pain. The documentation does not indicate evidence of functional improvement on prior Cymbalta. Without clear indications efficacy of prior use the request for Cymbalta 60mg is not medically necessary.

Baclofen 10mg #60 with 1 refill: 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 Muscle Relaxants (for pain) Page(s): 63-65.

Decision rationale: Baclofen 10mg #60 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documentation indicates that the patient is on

Baclofen for spasms and Tizanidine for spasms. It is unclear why the patient needs two medications. The documentation does not indicate functional improvement despite being on Baclofen since 2013. The request for Baclofen 10mg #60 with 1 refill is not medically necessary.

Norco 10/325 #90: 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 On-Going Management Page(s): 78-80.

Decision rationale: Norco 10/325 #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient has had no significant functional improvement and continues to have pain despite long term opioids use. The documentation indicates that surgical cervical surgery is planned. The request for #90 pills of Norco is not medically necessary at this point.