

Case Number:	CM15-0132830		
Date Assigned:	07/20/2015	Date of Injury:	09/24/1998
Decision Date:	09/18/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 60 year old male with a September 24, 1998 date of injury. A progress note dated June 8, 2015 documents subjective complaints (constant migraines that are worse in the bilateral temples right greater than left; numbness to the right third through fifth digits), objective findings (tender left occiput with radiation to temple; pain with cervical spine range of motion; tender posteriorly; slow gait; poor balance; barely able to stand still and walk; slow mentation and speech; flat affect; poor memory recall), and current diagnoses (cervical facet arthropathy; headache syndromes; chronic pain syndrome). Treatments to date have included Botox injections with good relief, cervical epidural steroid injection, acupuncture, physical therapy, medications, cervical spine fusion, and imaging studies. The treating physician documented a plan of care that included Gabapentin, Lyrica, Lidoderm patches, Cymbalta, and electromyogram of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #180 with 2 refills: 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 antiepileptic drugs.

Decision rationale: The medical records do not report pain with neuropathic qualities in the setting of the medical condition. MTUS guidelines support the use of gabapentin for nerve related pain. As the medical records do not demonstrate neuropathic pain, support for the use of gabapentin for the treatment of the insured is not supported.

Lyrica 75mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepileptic drugs- lyrica Page(s): 99.

Decision rationale: The medical records report a condition of musculoskeletal pain but no indication of a neuropathic pain condition. MTUS supports the use of Lyrica for neuropathic pain conditions. As the medical records do not indicate specific neuropathic pain condition, the medical records do not support the use of lyrica at this time.

Lidoderm patch 5% #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS.

Electromyography (EMG) of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, EMG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, EMG.

Decision rationale: ODG supports that EMG is recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The medical records provided for review do not indicate any objective findings on physical examination in support of focal neurologic disturbance such to support EMG as a diagnostic tool for assessment of condition. As such, EMG is not supported congruent with ODG.

Cymbalta 60mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain- cymbalta.

Decision rationale: The medical records report a condition of musculoskeletal pain but no indication of a neuropathic pain condition. MTUS supports the use of cymbalta for neuropathic pain conditions. As the medical records do not indicate specific neuropathic pain condition, the medical records do not support the use of cymbalta at this time.