

Case Number:	CM15-0136022		
Date Assigned:	07/24/2015	Date of Injury:	05/23/2002
Decision Date:	09/17/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/14/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 injured worker is a 53 year old female, who sustained an industrial injury on May 23, 2002. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, status post L4-L5 anterior lumbar interbody fusion (ALIF) in 2004, lumbar spinal cord stimulator implant and replacement implantable pulse generator (IPG) 2014, bilateral lower extremity radiculopathy with associated hypersensitivity, reactionary depression/anxiety, restless leg syndrome secondary to neuropathic pain, post traumatic cervical and lumbar spine fibromyalgia, L3-L4, L4-l5, and L5-S1 posterior lumbar interbody fusion (PLIF) 2012, bilateral knee sprain/strain secondary to overcompensation, and rule out right hip internal derangement. Treatments and evaluations to date have included spinal cord stimulator, CT scans, lumbar discogram, electromyography (EMG)/nerve conduction velocity (NCV), CT Myelogram, x-rays, and medication. Currently, the injured worker complains of increased pain in the right hip exacerbated from the paresthesia sensation from her spinal cord stimulator. The Primary Treating Physician's report dated June 12, 2015, noted the injured worker was requesting to go back on Norco as she was able to tolerate the medication and it enabled her to function on a daily basis. The injured worker was noted to be using topical analgesic ointment as she did not tolerate tricyclic anti-depressants or anti- neuropathic medication very well. The injured worker was noted to have maxed out the Neurontin at 300mg three times a day, unable to tolerate any more due to the cognitive side effects. The injured worker was noted to require Cymbalta for depression, and helps with her radicular, fibromyalgia, and back pain. A recent psychiatric evaluation was noted to include the diagnoses of major depressive disorder, chronic severe somatic disorder, pain disorder with psychological factors and general medical condition,

general anxiety disorder, and insomnia related to her industrial injury and chronic pain. The injured worker's current medications were listed as Norco, Prilosec, Ativan, Lidoderm patch, Voltaren gel, Cymbalta, Neurontin, Zofran, and LidoPro ointment. The injured worker underwent urine drug screening. Physical examination was noted to show the injured worker with an antalgic gait, with significant point tenderness in the lateral epicondyle extensor tendon region of the right forearm, with pain shooting down the forearm to the dorsum of the hand. Examination of the lumbar posterior musculature was noted to show tenderness to palpation bilaterally with increased muscle rigidity, numerous trigger points that were tender and palpable throughout the lumbar paraspinal muscles, and decreased range of motion (ROM) with obvious muscle guarding. The straight leg raise was positive in the modified sitting position with radicular symptoms to both lower extremities. The left knee was noted to have tenderness to palpation along the medial and lateral joint lines. The injured worker was noted to be temporarily totally disabled. The treatment plan was noted to include medication refills, with notation that the injured worker absolutely needs her Neurontin for neuropathic pain as well as her Cymbalta for neuropathic and back pain and fibromyalgia, with bilateral hip x-rays, and reprogrammed spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 capsules of Neurontin 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49.

Decision rationale: This 53 year old female has complained of low back pain since date of injury 5/23/02. She has been treated with surgery, spinal cord stimulator, physical therapy and medications to include neurontin since at least 03/2015. Per the MTUS guideline cited above, Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is inadequate documentation in the available medical records which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not indicated as medically necessary.

60 capsules of Cymbalta 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Serotonin-Norepinephrine Reuptake Inhibitors Anti-Depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 43-44.

Decision rationale: This 53 year old female has complained of low back pain since date of injury 5/23/02. She has been treated with surgery, spinal cord stimulator, physical therapy and medications to include Cymbalta since at least 03/2015. Per the MTUS guidelines cited above, Cymbalta (Duloxetine) is indicated as a first line treatment for depression, anxiety and the treatment of pain related to diabetic neuropathy. There is inadequate documentation in the available medical records supporting any of these diagnoses. Per the MTUS, Cymbalta is not indicated as medically necessary in this patient.