

Case Number:	CM15-0137931		
Date Assigned:	07/27/2015	Date of Injury:	07/24/2003
Decision Date:	08/24/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/16/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 69 year old male, who sustained an industrial injury on 7/24/03. The diagnoses have included degeneration of the cervical degenerative disc disease (DDD), cervicogenic migraine headaches, other specified disorders of the bursae and tendons in the shoulder region, pain related insomnia and depression and chronic cervicalgia. Treatment to date has included medications, activity modifications, diagnostics, and consultations, left shoulder surgery in 2007, injections, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 6/5/15, the injured worker complains of struggling with neck pain in the absence of using MS Contin. It has been difficult for him to perform his activities of daily living (ADL) involving the upper extremities. He reports a recent increase in neck pain and radicular symptoms to his left upper extremity. He also experiences visual disturbances in the left eye when the neck pain is acutely exacerbated. He continues to have chronic pain to the neck and left shoulder with associated migraine headaches with radicular symptoms to the upper extremities, left more than the right. He reports a 40-50 percent reduction in his pain and spasm with use of his medications. He reports pain as 8-9/10 on pain scale without medications and 5/10 with medications. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine and x-rays of the cervical spine. The current medications included Norco, Soma, Lunesta, Skelaxin, Robaxin, Lidoderm patches, Cymbalta, Colace, Voltaren gel, and Flexeril. The urine drug screen dated 4/9/15 was consistent with the medications prescribed. The objective findings reveal positive impingement sign left shoulder with tenderness noted in the left shoulder. The cervical spine has tenderness

and spasm with positive Spurling maneuver on the left. The range of motion of the cervical spine was slight to moderately reduced in all planes. There is paresthesias noted in the C5 distribution of the left upper extremity, with reduced sensation to light touch noted in the C6 and C7 dermatomes in the left upper extremity. The physician requested treatments included Cymbalta 60 mg #30 with 1 refill, Lunesta 3 mg #30 with 1 refill and Lidoderm 5% patch #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: The requested Cymbalta 60 mg #30 with 1 refill is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that Cymbalta is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy." The injured worker has neck pain and radicular symptoms to his left upper extremity. He also experiences visual disturbances in the left eye when the neck pain is acutely exacerbated. He continues to have chronic pain to the neck and left shoulder with associated migraine headaches with radicular symptoms to the upper extremities, left more than the right. He reports a 40-50 percent reduction in his pain and spasm with use of his medications. He reports pain as 8-9/10 on pain scale without medications and 5/10 with medications. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Cymbalta 60 mg #30 with 1 refill is not medically necessary.

Lunesta 3 mg #30 with 1 refill: 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) Pain, Eszopicolone (Lunesta), Insomnia treatment.

Decision rationale: The requested Lunesta 3 mg #30 with 1 refill is not medically necessary. CA MTUS is silent and ODG - Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is "Not recommended for long-term use"; and "Pharmacological agents should only be used after

careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." The injured worker has neck pain and radicular symptoms to his left upper extremity. He also experiences visual disturbances in the left eye when the neck pain is acutely exacerbated. He continues to have chronic pain to the neck and left shoulder with associated migraine headaches with radicular symptoms to the upper extremities, left more than the right. He reports a 40-50 percent reduction in his pain and spasm with use of his medications. He reports pain as 8-9/10 on pain scale without medications and 5/10 with medications. The treating physician has not documented details of current insomnia nor sleep hygiene modification attempts, nor rule out other causes of insomnia. The criteria noted above not having been met, Lunesta 3 mg #30 with 1 refill is not medically necessary.

Lidoderm 5% patch #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The requested Lidoderm 5% patch #30 with 1 refill is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note 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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has neck pain and radicular symptoms to his left upper extremity. He also experiences visual disturbances in the left eye when the neck pain is acutely exacerbated. He continues to have chronic pain to the neck and left shoulder with associated migraine headaches with radicular symptoms to the upper extremities, left more than the right. He reports a 40-50 percent reduction in his pain and spasm with use of his medications. He reports pain as 8-9/10 on pain scale without medications and 5/10 with medications. The treating physician has not documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm 5% patch #30 with 1 refill is not medically necessary.