

Case Number:	CM15-0141465		
Date Assigned:	07/31/2015	Date of Injury:	02/02/2015
Decision Date:	09/21/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/21/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old female who sustained an industrial injury on 02-02-2015. She reported feeling a hot sensation in her upper back that radiated into her right shoulder. Treatment to date has included Tylenol, Toradol injections, nonsteroidal anti-inflammatory drugs, narcotic analgesics, physical therapy, acupuncture and trigger point injections. An MRI of the cervical spine showed a 1-2 millimeter midline disc bulge at C4 to C5 which did not appear to be resulting in significant neural foraminal exit compromise or spinal stenosis. There was a lobulated disc protrusion at C5 to C6 measuring 2-3 millimeters which slightly deformed the left lateral aspect of the cord and bulged into the right neuroforaminal exit with borderline right neural foraminal exit zone compromise. MRI of the thoracic spine was normal. According to a progress report dated 07-07-2015, the injured worker reported neck pain that radiated to the right arm along with a numbness and tingling sensation in her right arm. Her right arm and hand remained swollen and sometimes turned purplish. Pain was rated 10 on a scale of 1-10 without pain medications and 8 with pain medications. She had been using an H-wave unit that was helping. She had completed 6 acupuncture treatments which did not help with pain but helped with the anxiety. Electrodiagnostic studies performed on 06-22-2015 showed bilateral C6 radiculitis. Treatments tried and failed included Neurontin, Naproxen and physical therapy. Allergies included Motrin and Penicillin. Diagnoses included neck pain, C5 to C6 disc protrusion with slight deformity of the lateral aspect of the cord on MRI with right neural foraminal exit zone compromise, bilateral C6 radiculitis and unable to rule out right upper extremity complex regional pain syndrome. The provider noted concern for possible right upper extremity complex

regional pain syndrome and prescribed Medrol 4 mg. She was to continue Norco 10-325 mg three times a day as needed. She had an opioid treatment agreement. A CURES report was obtained on 07-06-2015 and was consistent with prescriptions being obtained from 1 clinic. The last urine toxicology performed on 05-27-2015 was consistent with prescribed medications. The injured worker remained depressed. Cymbalta was increased to 60 mg every day. Lyrica was reduced to 75 mg twice a day due to concerns of weight gain. Xanax was continued to help with anxiety. Cyclobenzaprine was continued. Colace was prescribed due to reports of constipation. Authorization was requested for a triple phase bone scan of the right upper extremity. The injured worker was to return in 1 month for a re-evaluation. She was temporarily totally disabled. Currently under review is the request for Xanax 0.25 mg #60, Cymbalta 60 mg #30 with 1 refill and Medrol 4 mg #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: The MTUS does not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependency and rapid onset of medication tolerance, making the recommendation for Xanax unreasonable according to utilization review. Encouragement of gradual decrease in use is critical in order to wean from dependency on this drug. Therefore the request for Xanax is not considered medically necessary at this time, and non-certification per utilization review decision is considered reasonable.

Cymbalta 60mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 15-16.

Decision rationale: According to the MTUS, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off-label for neuropathic pain and radiculopathy. The drug is recommended as a first-line option for diabetic neuropathy but more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Duloxetine can also cause sexual dysfunction. In this case, Utilization Review reasonably modified the request to facilitate documentation of evidence of objective improvement on the medication to indicate clinical value with continued use. Therefore, the decision by utilization review to modify the request to allow for assessment of the drug efficacy is reasonable. Therefore the initial request to include refills is not considered medically necessary.

Medrol 4mg #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, oral corticosteroids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: According to the MTUS ACOEM Guidelines and the ODG Guidelines, oral corticosteroids are not recommended as a treatment modality in cases of chronic pain management. The provided records do not indicate any remarkable factors that may substantiate the request; there is no indication of severe deficits/acute radiculopathy or concerns that warrant treatment outside of that supported by the guidelines based on the provided documentation. As there are no current clinical indications for treatment with corticosteroids, the request cannot be considered medically necessary.