

<b>Case Number:</b>	CM15-0145420		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	03/15/2007
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 50 year old male with an industrial injury dated 03-15-2007. The injured worker's diagnoses include lumbar spine musculoligamentous sprain and strain with bilateral lower extremity radiculitis status post L4-S1 fusion with pedicle screws in 2010; with bilateral sacroiliac (SI) joint sprain and thoracic spine musculoligamentous sprain and strain. Treatment consisted of Magnetic Resonance Imaging (MRI) scan of lumbar spine, prescribed medications, and periodic follow up visits. In a progress note dated 06-22-2015, the injured worker reported continued lumbar spine pain radiating in the bilateral lower extremities. Objective findings revealed tenderness to palpitation over the bilateral lumbar paravertebral musculature, positive straight leg raise and positive Kemp's test. The treating physician prescribed pain management consultation, Neurontin 600mg #60 and Cymbalta 30mg #30, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**Decision rationale:** The patient presents on 07/30/15 with lower back pain with a radicular component in the bilateral lower extremities. The patient's date of injury is 03/15/07. Patient is status post L4-S1 fusion with pedicle screw placement in 2010. The request is for PAIN MANAGEMENT CONSULTATION. The RFA was not provided. Physical examination dated 07/30/15 reveals a well healed surgical scar, tenderness to palpation over the bilateral paravertebral musculature with guarding noted, positive straight leg raise test bilaterally, positive Kemp's producing radicular pain bilaterally, and decreased range of lumbar motion in all planes. The patient is currently prescribed Norco, Gabapentin, Butrans, Voltaren, Cymbalta, Promethazine, Pantoprazole, and Metaxalone. Diagnostic imaging included lumbar MRI dated 05/22/15, significant findings include: "Post surgical changes are noted with posterior fixation of L4, L5, and S1 with transpedicular screws... Mild multilevel facet arthropathy..." Patient's current work status is not provided. American College of Occupational and Environmental Medicine ACOEM, 2nd Edition, 2004 ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In regard to the request for a consultation with a pain management, the referral is appropriate. Progress reports provided do not provide a detailed history of this patient's pain consultations. This patient presents with significant surgical history and continuing unresolved chronic pain symptoms, which could benefit from additional specialist treatment. ACOEM guidelines indicate that such consultations are supported by guidelines at the care provider's discretion. Therefore, the request IS medically necessary.

**Neurontin 600mg #60:** 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 Gabapentin, Pain Outcomes and Endpoints Page(s): 18, 19, 9.

**Decision rationale:** The patient presents on 07/30/15 with lower back pain with a radicular component in the bilateral lower extremities. The patient's date of injury is 03/15/07. Patient is status post L4-S1 fusion with pedicle screw placement in 2010. The request is for NEURONTIN 600MG #60. The RFA was not provided. Physical examination dated 07/30/15 reveals a well healed surgical scar, tenderness to palpation over the bilateral paravertebral musculature with guarding noted, positive straight leg raise test bilaterally, positive Kemp's producing radicular pain bilaterally, and decreased range of lumbar motion in all planes. The patient is currently prescribed Norco, Gabapentin, Butrans, Voltaren, Cymbalta, Promethazine, Pantoprazole, and Metaxalone. Diagnostic imaging included lumbar MRI dated 05/22/15, significant findings include: "Post surgical changes are noted with posterior fixation of L4, L5, and S1 with transpedicular screws... Mild multilevel facet arthropathy..." Patient's current work status is not provided. MTUS has the following regarding Gabapentin on pg 18, 19:

"Gabapentin -Neurontin, Gabarone, generic available- has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." In regard to the continuation of Gabapentin, pain reduction or functional improvement attributed to this medication has not been established. This patient has been prescribed Gabapentin since at least 02/05/15, per a pain evaluation report discussing the efficacy of Gabapentin (noting 40% relief at the time). The most recent progress note, dated 07/30/15 lists Neurontin among this patient's active prescriptions, though the provider neglects to provide any documentation of efficacy in the associated check-box based efficacy section. While this patient presents with significant chronic pain resolved by Neurontin in the past, recent progress notes neglect to document analgesia or functional improvements attributed to medications. MTUS guidelines required documentation of analgesia and functional improvement to substantiate continued use of medications when used for pain, none is provided. Therefore, the request IS NOT medically necessary.

**Cymbalta 30mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Pain Outcomes and Endpoints Page(s): 13-16, 9.

**Decision rationale:** The patient presents on 07/30/15 with lower back pain with a radicular component in the bilateral lower extremities. The patient's date of injury is 03/15/07. Patient is status post L4-S1 fusion with pedicle screw placement in 2010. The request is for CYMBALTA 30MG #30. The RFA was not provided. Physical examination dated 07/30/15 reveals a well healed surgical scar, tenderness to palpation over the bilateral paravertebral musculature with guarding noted, positive straight leg raise test bilaterally, positive Kemp's producing radicular pain bilaterally, and decreased range of lumbar motion in all planes. The patient is currently prescribed Norco, Gabapentin, Butrans, Voltaren, Cymbalta, Promethazine, Pantoprazole, and Metaxalone. Diagnostic imaging included lumbar MRI dated 05/22/15, significant findings include: "Post surgical changes are noted with posterior fixation of L4, L5, and S1 with transpedicular screws... Mild multilevel facet arthropathy..." Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, pg 13-16 for Antidepressants for chronic pain states: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. For Cymbalta specifically, MTUS states it is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." In regard to the continuation of Cymbalta, medication efficacy has not been established. This patient has been prescribed Cymbalta since at least

02/05/15. The most recent progress note, dated 07/30/15 lists Cymbalta among this patient's active prescriptions, though the provider neglects to provide any documentation of efficacy in the associated check-box based efficacy section. While this patient presents with significant chronic pain, recent progress notes neglect to document analgesia or functional improvements attributed to medications. MTUS guidelines required documentation of analgesia and functional improvement to substantiate continued use of medications when used for pain, none is provided. Therefore, the request IS NOT medically necessary.