

Case Number:	CM15-0146798		
Date Assigned:	08/10/2015	Date of Injury:	11/09/1992
Decision Date:	09/22/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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 63-year-old female, who sustained an industrial injury on 11-9-92. She reported low back pain, bilateral lower extremity pain, bilateral foot pain and right elbow pain following lifting a desktop copier. The injured worker was diagnosed as having post laminectomy syndrome of lumbar region, sciatica and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included lumbar epidural steroid injections, transcutaneous electrical nerve stimulation (TENS) unit, and oral medications including Cymbalta, Xanax, Elavil, Nucynta, Norco, Robaxin and Lyrica; physical therapy and home exercise program. Currently on 6-18-15, the injured worker complains of numbness and tingling down bilateral extremities. She reports she has not had her medications approved by workmen's comp and is paying out of pocket, so she has been unable to increase Cymbalta and is only using Xanax once a week. The pain is located in bilateral legs, thoracic spine and bilateral low back and is unchanged since last visit. It is noted to be constant with spasticity, aching, cramping, dull and burning. She rates the pain 4 out of 10 to 9 out of 10 with medications and 6 out of 10 to 10 out of 10 without medications. Physical exam performed on 6-18-15 revealed independence with transfers, in no acute distress, with normal mood and affect. The treatment plan included continuation of Cymbalta 60mg # 30 and Xanax 0.5mg #20, home exercise program and caudal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Norepinephrine Reuptake Inhibitors (SNRIs) Section Page(s): 15.

Decision rationale: Per MTUS guidelines, Duloxetine (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. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. In this case, the injured worker has been using Cymbalta for chronic low back pain without evidence of decreases in pain or increase in function. The request for Cymbalta 60 MG Qty 60 is determined to not be medically necessary.

Xanax .5 MG Qty 20: Upheld

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

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long-term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, the injured worker has used Xanax in an extremely chronic manner despite prior non-certified reviews. The injured worker should have been completely weaned off Xanax at this point. The medication is no warranted. The request for Xanax .5 MG Qty 20 is determined to not be medically necessary.

Caudal ESI under Fluoroscopy Monitored Sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement,

including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, the injured worker has received previous ESI with associated pain relief and increase in function. At this time, there is no evidence of radiculopathy on objective physical examination. The request for caudal ESI under fluoroscopy-monitored sedation is determined to not be medically necessary.