

Case Number:	CM15-0148063		
Date Assigned:	08/11/2015	Date of Injury:	10/12/2011
Decision Date:	09/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/30/2015

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: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 44-year-old male who sustained an industrial injury on 10-12-2011. Diagnoses include cervical radiculopathy, lumbar radiculopathy, cervical facet syndrome, shoulder pain and wrist pain. Treatment to date has included medications, epidural steroid injections (ESI), physical therapy, bracing, acupuncture and trigger point injections. According to the progress notes dated 6-19-2015, the IW reported greater than 70% relief of radicular pain after lumbar ESI on 4-20-2015. He reported neck pain, lower back pain, right shoulder pain and right wrist pain rated 5 out of 10 with medications and 7 out of 10 without them. He also reported his neuropathic pain in the neck to the upper extremities and from the low back to the lower extremities was increasing. His medications were helping his pain without side effects. The Lidoderm patches alleviated his wrist pain when applied. On examination, cervical range of motion (ROM) was restricted due to pain, and tenderness and spasms were noted in the paravertebral muscles on the left side. Spurling's maneuver caused pain in the muscles of the neck radiating to the upper extremity. Biceps, triceps and brachioradialis reflexes were 1 out of 4 bilaterally. Flexion, extension and active ROM of the lumbar spine was limited due to pain, and tenderness and spasms were noted in the paravertebral muscles on the left side. Lumbar facet loading was positive on the left side and sitting straight leg raise was positive on the left side at 70 degrees. Babinski's sign was negative. Ankle and patellar jerks were 2 out of 4 bilaterally. Right shoulder flexion and abduction was limited and drop arm test was positive. The bilateral wrists were tender to palpation over the radial aspects and Finkelstein's test was positive on the right. Light touch sensation was decreased in the left L5 and S1 dermatomes and in the right C6 and T1 dermatomes. Medications were Omeprazole, Naproxen and Lidoderm

5% patches. Electrodiagnostic testing on 4-11-2013 found evidence to support right C6 and C7 radiculopathies as well as left L5 and S1 radiculopathies; testing on 6-5-2013 also showed evidence of mild, chronic right L5 lumbar radiculopathy without denervation. A request was made for Duloxetine 30mg, #60 (no rationale given) and for Lidoderm 5% patches, #30 for topical neuropathic pain relief (failed gabapentin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) and Antidepressants for chronic pain Page(s): 15-16 and 13.

Decision rationale: Duloxetine 30mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that this FDA-approved medication is for anxiety, depression, diabetic neuropathy, and fibromyalgia and is used off-label for neuropathic pain and radiculopathy. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The documentation indicates that the patient has been on this medication, however there is no evidence of treatment efficacy from prior use. The request for Duloxetine is not medically necessary.

Lidoderm 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 56-57,112.

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

Decision rationale: Lidoderm Patch 5% #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation indicates failure of Gabapentin but does not indicate failure of all first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons, the request for Lidoderm Patch 5% is not medically necessary.