

Case Number:	CM15-0182260		
Date Assigned:	09/23/2015	Date of Injury:	05/16/2012
Decision Date:	10/27/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/16/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial-work injury on 5-16-12. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar post laminectomy syndrome, lumbar or thoracic radiculopathy and opioid type dependence continuous use. Medical records dated (3-5-15 to 8-24-15) indicate that the injured worker complains of pain in the low back and left leg with pressure, tingling, pulsating, aching, throbbing, radiating, stinging and sharp pain. The associated symptoms include mild weakness, tingling, pins and needles and muscle spasms. The physician indicates that it is very difficult for him to sit down. The injured worker reports that he controls the pain with cold, heat, medication and positioning. He reports that the pain worsens with prolonged sitting, standing and walking. The pain is rated 2-7 out of 10 on pain scale which has been unchanged from previous visits. The medical records also indicate improvement of the activities of daily living with use of medications such as able to brush teeth, get dressed, feed himself, stand and walk more, as well as ride in a car. Per the treating physician report dated 5-12-15 the injured worker has not returned to work. The medical record dated 6-3-15 the work status is restricted. The physical exam dated 8-24-15 the physician indicates that he appears uncomfortable, in pain and exaggerated pain behavior. The injured worker is not able to sit down, gait is antalgic, and he ambulates with bilateral brace crutches. The lumbar spine exam reveals tenderness to palpation over T10 to the coccyx, decreased range of motion significantly in all directions; he is unable to lift right foot off the ground and lifts the left foot off the ground with pain. There is paresthesia to palpation of the left lateral calf. The physician indicates that medication analgesia is 60 minute

onset with 40 percent reduction in pain with 4-5 hour duration. Treatment to date has included pain medication including Gralise, Cymbalta and Valium since at least 3-5-15, physical therapy, lumbar surgery times 2, epidural steroid injection (ESI) on 6-17-14 with increased ability to stand and ride in car, aqua therapy, Cognitive Behavioral Therapy (CBT) 12 sessions, psycho care, canes, injections, and other modalities. The treating physician indicates that the urine drug test result dated 7-28-15 was consistent with the medication prescribed. The requested services included 90 tablets of Gralise 600mg with 1 refill, 60 tablets of Valium 10mg with 1 refill, and 60 tablets of Cymbalta 30mg with 1 refill. The original Utilization review dated 8-31-15 modified the request for 90 tablets of Gralise 600mg with 1 refill is modified to 90 tablets of Gralise 600mg with no refill and the request for 60 tablets of Cymbalta 30mg with 1 refill is modified to 60 tablets of Cymbalta 30mg with no refill as per the guidelines there is no indication to provide 1 refill of any medication without an interval evaluation of its efficacy. The request for Valium 10mg with 1 refill is modified to Valium 10mg 13 tablets for weaning as the MTUS guidelines limit use to 4 weeks and long-term use is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Gralise 600mg with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, 2015 Chapter: Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: According to the MTUS guidelines, Gabapentin (Gralise) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have radicular symptoms. Although, prior neurontin did not help, currently Gralise provides neuropathic benefit. Gralise is Gabapentin as well. The continued use of Gralise is medically necessary.

60 tablets of Valium 10mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action

include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was using Valium for several months. Long-term use is not supported by the guidelines. The claimant was on opioids as well which increases risk of side effects. Continued use of Valium is not medically necessary.

60 tablets of Cymbalta 30mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) antidepressants and pg 36.

Decision rationale: Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. The claimant had been on Cymbalta for several months. Tricyclics have shown benefit for pain and neuropathic symptoms. There was no substantiation on depression but rather use of Cymbalta was mentioned in relation to mood elevation. The continued use of Cymbalta is not supported by the guidelines and is not medically necessary.