

Case Number:	CM15-0044213		
Date Assigned:	03/16/2015	Date of Injury:	12/20/1995
Decision Date:	04/22/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/09/2015

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, Pain Management, 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 patient is a 68 year old male treated for symptoms in his neck and lower back and legs which are attributed to falling off a ladder to the ground on December 12th, 1995. Medications used have included Alprazolam, Amitiza, Aspirin, Cymbalta, Doxazosin, Inderal, MS Contin, Percocet, Prevacid and Zantac, Vicodin, Codeine, Topamax, Zanaflex, Gabapentin, Oxcarbazepine and Methadone. Working diagnoses are cervical /lumbar discopathy with facet syndrome. According to progress note of February 25, 2015, he complains of back pain. The pain is aching, burning, cramping, sharp, stiff, shooting, pinching, numbness, shoots down legs and spasms. He also experiences back stiffness and radicular pain on the right. Turning his neck worsens the pain. The pain is rated 1 out of 10; 0 being no pain and 10 being the worse pain. The pain is characterized as aching, chronic, crushing, and deep, pressure, sharp, shooting, tearing, numbness, sore, shooting, comes and goes, spasms and numbness in the fingertips. The physical exam notes describes myofascial pain in the neck. The treatment plan includes transportation to and from medically necessary appointments, flexion extension x-ray of the cervical spine, prescription renewals for Percocet and Cymbalta on March 2, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from medically necessary appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (updated 02/27/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Leg/Transportation.

Decision rationale: ODG states that transportation for medically necessary appointments is recommended for individuals with disabilities preventing them from self transport. The medical records indicate that the patient was told not to drive. The medical records do not indicate that his treating physicians medically disqualified him from driving. Presumably, the patient drove himself to his last appointment and has the ability to attend his medical appointments on his own. Therefore, there is no disability precluding him from self transport. This request for transportation does not adhere to evidence based medical guidelines and is not medically necessary.

Percocet 5/325/mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no functional improvement attributable to their use. It also states that short acting opioids are used intermittently for breakthrough pain. The medical records report conflicting information. The patient reportedly has a 90% reduction in pain due to the medications, but reports a 9/10 level of pain and is reportedly so disabled that he needs transportation. Furthermore, additional diagnostic testing and surgery is contemplated due to his pain. The Percocet does not appear to play an effective role in reducing his pain and removing it as a barrier to function. The patient is concurrently prescribed other opioids therefore withdrawal symptoms should not appear. The request is not medically necessary.

Cymbalta 60mg #30, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Depressants Page(s): 15.

Decision rationale: MTUS 2009 states that Cymbalta has not been shown to be effective in treating lumbar radiculopathies and that more research is needed. It is indicated for the treatment

of diabetic peripheral neuropathy. The patient has already received a trial of Cymbalta to treat neuropathic symptoms. However, the report from December 22nd, 2014 indicates that his neuropathic pain symptoms are not well controlled and additional testing is needed. Cymbalta is not indicated for spinal radiculopathies and evidence is lacking to support its use. In this case, Cymbalta has been ineffective in reducing neuropathic pain as evidenced by the increase in reported symptoms. This request for Cymbalta is not medically necessary since it is not recommended to treat radiculopathies and it has not been effective in reducing reported neuropathic symptoms after an appropriate trial of its use.

Flexion extension x-ray cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Radiography (X-RAYS).

Decision rationale: ODG states that x-rays should be reserved for trauma or the initial study for individuals with chronic neck pain. The patient has already received an MRI of the neck, which is an advanced imaging study. The findings in the neck have already been seen. The medical records do not indicate why an x-ray is clinically indicated when an MRI has already been done. This request for flexion and extension views of the neck does not adhere to ODG and there is no explanation provided as to why flexion/extension views are needed. There is no history of trauma which would result in ligamentous instability. This request for neck x-rays does not adhere to evidence based medical treatment guidelines and there are no clinical findings presented which would indicate the need for x-rays of the neck including flexion/extension views. This request for neck x-rays is not medically necessary.