

Case Number:	CM15-0059311		
Date Assigned:	04/03/2015	Date of Injury:	02/29/2008
Decision Date:	05/27/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/27/2015

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, Arizona
 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 54 year old female who sustained an industrial injury to the lower back on February 29, 2008. Treatment to date includes diagnostic testing, surgery, physical therapy, medications and 12 weeks of biophysical functional restoration program with detoxification. The injured worker is status post lumbar decompression and fusion at L4-L5 and L5-S1 in October 2008 and removal of instrumentation with a posterior fusion from T9 through L4 with augmentation at L4-S1, laminectomy a T10-T11 and L2-L3, removal of dorsal spinal cord stimulator (SCS) and battery pack, osteotomies at T12, L1-2 and L3 pedicle subtraction osteotomy in October 2013. The injured worker is diagnosed with lumbar degenerative disc disease, chronic pain syndrome of neck and shoulders with associated headaches, bilateral sciatica, insomnia, depression and anxiety related to pain. According to the primary treating physician's progress report on March 12, 2015, the injured worker continues to experience chronic low back pain with radicular symptoms to the bilateral lower extremities associated with extension of pain into the upper back, neck and shoulders with headaches. Examination of the cervical spine demonstrates moderately decreased range of motion in all planes. The lumbar spine demonstrated tenderness to palpation throughout the lumbar area and bilateral lumbar paraspinal regions. There was reduced sensation to light touch at the bilateral thighs with paresthesias in the bilateral lower legs. Sensation at the ankles and feet were intact. Current medications are listed as Ibuprofen, Cymbalta, Gabapentin, Neurontin, Trazodone, and Ativan. Treatment plan consists of continue with transcutaneous electrical nerve stimulation (TEN's), exercise, continue with psychologist sessions, prescribed medications and the current request for

renewal of Ativan, Cymbalta, Neurontin and Trazodone . The Request for Authorization was dated 03/13/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 15.

Decision rationale: The request for Cymbalta 60 mg #30 with 2 refills is not supported. The injured worker has a history of upper back, neck, shoulder, and low back pain that radiates into bilateral lower extremities. The California MTUS Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non neuropathic pain. The injured worker complains of chronic pain to the upper back, neck, shoulder, and lower back. There was a lack of documentation as to the necessity for dual antidepressant therapy. The patient is also taking trazodone. There is a lack of documentation of objective functional benefit with said medication. There is a lack of documentation of the frequency within the request. As such, the request is not medically necessary.

Neurontin 300mg #240 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 18.

Decision rationale: The request for Neurontin 300 mg #240 with 1 refills is not supported. The injured worker has a history of upper back, neck, shoulder, and low back pain that radiates into bilateral lower extremities. The California MTUS Guidelines state that antiepileptic drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. There is a lack of documentation of functional benefit from said medication. There is a lack of documentation of frequency the medication is to be used within the request. As such, the request is not medically necessary.

Ativan 1mg #120 with 2 refills: Upheld

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

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

Decision rationale: The request for Ativan 1 mg #120 with 2 refills is not supported. The injured worker has a history of upper back, neck, shoulder, and low back pain, with radiation into bilateral lower extremities. The California MTUS Guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. There is a lack of documentation of psychological testing demonstrating the need for benzodiazepines, since the injured worker has completed a detoxification program for this medication. Long term use is not recommended for this medication. There is a lack of documentation of objective functional benefit with said medication. There is a lack of documentation as to the frequency the medication is to be taken. As such, the request is not medically necessary.

Trazadone HCL #30 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Trazodone (Desyrel).

Decision rationale: The request for trazodone HCl #30 with 2 refills is not supported. The injured worker has a history of low back pain. The California MTUS Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The injured worker complains of chronic pain to the upper back, neck, shoulder, and lower back. There was a lack of documentation as to the necessity for dual antidepressant therapy. The patient is also taking Cymbalta. There is a lack of documentation of objective functional benefit with said medication. There is a lack of documentation of the frequency within the request. As such, the request is not medically necessary.