MAXIMUS Federal Services

Case Number:	CM14-0162016		
Date Assigned:	10/07/2014	Date of Injury:	01/09/2014
Decision Date:	11/14/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 01/09/2014. The date of utilization review under appeal is 09/05/2014. On 08/12/2014, the patient was seen in initial pain management consultation with the chief complaint of low back pain radiating into both lower extremities. The treating physician diagnosed the patient with lumbar strain and noted that there was a disc protrusion on MRI imaging without significant neuroforaminal narrowing. The patient was felt to have axial pain with the possibility of facet arthropathy versus discogenic pain. The treating physician clarified that the patient's radicular symptoms had improved and that currently she did not have any subjective or objective findings of radiculopathy and that the patient had received conservative treatment but remained symptomatic. Therefore, the treating physician recommended a diagnostic facet block at L4-5 and L5-S1 and also recommended Cymbalta at a titrating dose between 30 and 60 mg and also prescribed Naprosyn. On physical examination, the patient had significant tenderness over the facet region, and the patient had globally reduced lumbar motion. An initial physician review recommended modifying Cymbalta as a trial for symptomatic complaints of low back pain and recommended modifying a request for Naprosyn to the shortest amount of time and for periodic laboratory testing to assess toxicity. The treating physician noted the patient had a lumbosacral radiculopathy with EMG findings and thus did not recommend diagnostic medial facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Cymbalta, page 15, state this medication is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and is used off label for neuropathic pain and radiculopathy. This patient has multiple forms of neuropathic and non-neuropathic pain for which the guidelines do recommend the use of this medication. The treatment notes also specifically discuss plans for initial dose titration. Therefore, this request is supported by the treatment guidelines. This request is medically necessary.

Naproxen SOD 375mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications, Page(s): 22.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, recommend anti-inflammatory medications as the first-line medication for musculoskeletal pain to help improve pain and function. The treatment guidelines do recommend periodic lab monitoring although do not list specific criteria.

Diagnostic bilateral medial facet block, L5-S1 lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The ACOEM Guidelines, chapter 12/low back, page 300, state that invasive techniques including facet injections are of questionable merit. In this case, the records outline the diagnosis of lumbar radiculopathy based on both symptoms and electrodiagnostic findings. Moreover, the patient's axial pain is noted to produce pain with global spinal motion rather specifically with facet-loading maneuvers. Overall, the medical records do not clearly or convincingly suggest the probability of focal facet-mediate pain and do not suggest probable benefit from the requested medial branch blocks. This request is not medically necessary.