

Case Number:	CM14-0094468		
Date Assigned:	07/25/2014	Date of Injury:	07/13/2011
Decision Date:	09/15/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/20/2014

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 Texas and Oklahoma. 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 injured worker is a 30-year-old male who reported injury on 07/13/2011. Mechanism of injury was not documented in the submitted report. The injured worker has diagnoses of closed cervical vertebra fracture without spinal cord injury at C5-6, chronic pain syndrome, myofascial pain syndrome, cervical central disc herniation worse with extension at C3-4 and C4-5 pressing on the cord, low back pain, lumbar facet syndrome, and cervical sprain/strain. Injured worker's past medical treatment includes a home exercise program, trigger point injections, functional restoration program, and medication therapy. Medications include Neurontin 300 mg 2 tablets by mouth 3x a day, Norco 10-325 mg 1 tablet 2x a day, Salonpas Large Patch 1 patch every 8 hours, Excedrin Migraine Geltab 250 mg 2 tablets 4x a day, Risperidone 1 mg 1 tablet 3x a day, Cymbalta 30 mg 1 tablet 3x a day, ibuprofen 600 mg 1 tablet every 6 hours, and meloxicam 15 mg 1 tablet daily. A drug screen was collected on 01/21/2014 showing that the injured worker was in compliance with the prescription medications. The injured worker complained of severe headaches, neck pain, and low back pain that were moderate to severe. There was no measurable pain levels documented in submitted report. Physical examination dated 06/09/2014 revealed that the injured worker's cervical spine had no lordosis, asymmetry, or abnormal curvature. Range of motion of the cervical spine was restricted with flexion limited to 30 degrees due to pain, was restricted with extension limited to 20 degrees due to pain, restricted with right lateral bending limited to 20 degrees due to pain, restricted with left lateral bending limited to 20 degrees due to pain, restricted with lateral rotation to the left limited to 20 degrees due to pain, and was restricted with lateral rotation to the right limited to 20 degrees due to pain. Upon examination of the paravertebral muscles, tight muscle band was noted on both sides. Spinous process tenderness was noted on C4-7. Tenderness was also noted at the paracervical muscles, rhomboids, and trapezius. Spurling's maneuver produced no pain in the neck musculature or

radicular symptoms in the arm. Examination of the lumbar spine revealed that there was no scoliosis, asymmetry, or abnormal curvature. Range of motion was restricted with moderate losses but painful. On palpation of the paravertebral muscles, tenderness and tight muscle band was noted on both sides. Lumbar facet loading was positive on both sides. Straight leg raising test was negative. Tenderness was also noted over the posterior iliac spine on both sides. The injured worker's muscle strengths tests were limited to pain. Sensory examination revealed that light touch sensation was intact including S3-4 dermatome, sensation to pin prick was intact including perianal and saddle dermatome. Reflexes of the upper and lower extremities responded to normal reflex examination. The treatment plan was for the injured worker to continue the use of Lidoderm patches and Cymbalta. The rationale was not submitted for review. The Request for Authorization form was submitted on 03/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 57-58,112.

Decision rationale: The injured worker complained of severe headaches, neck pain, and low back pain that were moderate to severe. There was no measurable pain levels documented in submitted report. The California Medical Treatment Utilization Schedule (MTUS) guidelines state Lidoderm is the brand name for a Lidocaine patch produced by Endo Pharmaceuticals. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. According to MTUS guidelines, Lidocaine is recommended to patients with a diagnosis of radiculopathy. The submitted reported did not show any evidence that the injured worker suffered from peripheral pain. There was no evidence showing that the injured worker had a diagnosis of radiculopathy. Furthermore, there was no quantified evidence showing that the injured worker had trialed and failed any first line therapy (tricyclic or SNRI antidepressants or NSAIDs, such as gabapentin or Lyrica). As such, the request for Lidoderm 5% #30 with 2 refills is not medically necessary and appropriate.

Cymbalta 30 mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state an 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. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. There was a lack of documentation as to whether the Cymbalta was being effective to the injured worker. The efficacy of the medication was not noted. There also lacked notations as to the side effects of the medication. The injured worker stated that he had been experiencing headaches and stomach pain, but the report did not specify whether these symptoms were side effects or complaints the injured worker had previous to medication. Guidelines also stipulate that caution is required because tricyclics have a low threshold for toxicity and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. The submitted report revealed that the injured worker had been taking Cymbalta since at least 01/21/2014, but documentation did not include evidence as to dosage or frequency. Given the above, the request Cymbalta 30 mg #90 with 2 refills is not medically necessary and appropriate.