

<b>Case Number:</b>	CM14-0212579		
<b>Date Assigned:</b>	12/29/2014	<b>Date of Injury:</b>	12/02/1998
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 64-year-old female who reported an injury on 12/02/1998. The mechanism of injury was a fall. Her diagnosis was noted to include chronic pain syndrome; dyspepsia and other specified disorders of function of stomach; unspecified disorders of bursae and tendons in shoulder region; postlaminectomy syndrome, cervical region; cervical spondylosis without myelopathy; postlaminectomy syndrome, lumbar region; neck pain associated with headaches; neck stiffness; right shoulder pain; right wrist pain. Past treatments were noted to include chiropractic therapy, physical therapy, shoulder surgery, massage therapy, epidural steroid injections, and medication. Her diagnostic studies were not provided for review. Her surgical history was noted to include cervical spine surgery, fusion, and instrumentation performed in 1997; C3-4 level fusion in 2001. During the assessment on 11/12/2014, the patient complained of neck pain associated with headaches, neck stiffness, right shoulder pain, and right wrist pain. She complained of neck pain mostly on the right side of her neck which was constant. She rated the neck pain 4/10. She indicated that she also had headaches daily and complained of neck stiffness and pain when turning her head to the right. The injured worker also complained of chronic right shoulder pain. She denied any numbness or tingling or radiation into the arms or hands. The physical examination revealed flattening of normal cervical lordosis. There was facet tenderness and positive facet loading. Her medications were noted to include oxycodone HCL 30 mg every 6 hours, Cymbalta 60 mg daily, Flexeril 10 mg twice a day, Neurontin 300 mg 4 times a day, amlodipine besylate 5 mg, albuterol sulfate nebulization solution, omeprazole 20 mg daily, estradiol 2 mg, and trazodone HCL 50 mg at

bedtime. The treatment plan was to continue with current medications without change of dosages, Request for Authorization for repeat radiofrequency lesioning of medial branches, and continue to perform exercises taught by physical therapist. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 prescription of Cymbalta 60mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-16.

**Decision rationale:** The request for 1 prescription of Cymbalta 60 mg #30 is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for nonneuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, where antidepressant effect takes longer to occur. The assessment and treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation should be assessed. Cymbalta is recommended as a first line option for diabetic neuropathy. No high quality evidence is reported to support the use of Cymbalta for lumbar radiculopathy. More studies are needed to determine the efficacy of Cymbalta for other types of neuropathic pain. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before continuation. There was no quantified information regarding pain relief, including a detailed assessment with the current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. It was not noted when the injured worker had begun taking Cymbalta 60 mg. There was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screen to verify appropriate medication use. Additionally, the frequency was not provided. Due to the lack of pertinent information, the ongoing use of Cymbalta 60 mg #30 is not medically necessary.

#### **1 prescription of Flexeril 10mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** The request for 1 prescription of Flexeril 10 mg #60 is not medically necessary. The California MTUS guidelines recommend cyclobenzaprine for a short course of

therapy. Limited, mixed evidence does not allow for recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous central depressant with similar effects to tricyclic antidepressants. There was no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. It was not noted when the injured worker had begun taking Flexeril 10 mg. Due to the guidelines not recommending cyclobenzaprine for long term use, the request for 1 prescription of Flexeril 10 mg #60 is not medically necessary.

### **1 prescription of Neurontin 300 #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (gabapentin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16.

**Decision rationale:** The request for 1 prescription of Neurontin 300 #120 is not medically necessary. The California MTUS Guidelines indicate that gabapentin is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. After initiation of an antiepilepsy drug, there should be documentation of pain relief, improvement in function, and side effects incurred with use. Continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. There was no documentation of when the injured worker had begun taking Neurontin. There was no documentation of a detailed assessment with the current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. There was also a lack of documentation regarding improved function, ability to perform activities of daily living, or adverse effects from the use of gabapentin. Furthermore, the dosage and frequency was not provided. Due to the lack of pertinent information, the ongoing use of gabapentin is not supported by the guidelines and is therefore, not medically necessary.

### **1 radiofrequency lesioning at right C2, C2-C3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic) ; regarding Cervicogenic headache, facet joint neurotomy; Facet joint radiofrequency neurotomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper back, Cervicogenic headache, facet joint neurotomy.

**Decision rationale:** The request for 1 radiofrequency lesioning at right C2, C2-3 is not medically necessary. The Official Disability Guidelines state that facet joint radiofrequency neurotomy is not recommended for cervicogenic headaches. As the request is not supported by the evidence based guidelines, the request for 1 radiofrequency lesioning at right C2, C2-3 is not medically necessary.

