

Case Number:	CM14-0218473		
Date Assigned:	01/08/2015	Date of Injury:	12/03/2003
Decision Date:	03/12/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/30/2014

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

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:

This 33 year old female sustained a work related injury on 12/3/2003. The mechanism of injury was reported to be injury from a fall. The current diagnoses are lumbar disc with radiculitis, radicular syndrome of the lower limbs, low back pain, and cervicgia. According to the progress report dated 11/4/2014, the injured workers chief complaints were worsening pain of the S1 joint and radiculopathy. She reports pain radiates down her left lower extremity to the lateral side of the left foot. The physical examination of the lumbar spine revealed tenderness to palpation over the bilateral S1 joints, left greater than right. There is limited range of motion of the lumbar spine. Motor strength and sensation is decreased in the left lower extremity. Straight leg raise test was positive on the left for radicular signs and symptoms until 60 degrees. Current medications are Norco, Soma, Celebrex, Gabapentin, Cymbalta, Ranitidine, Ambien, Imitrex, and Nortriptyline. MRI showed mild disc bulge at L4-L5 and L5-S1, more prominent on the left than the right. The injured worker was previously treated with several transforaminal epidural steroid injections at L4, L5, and S1 as well as S1 joint injections, with benefit. On this date, the treating physician prescribed Lidoderm film 1%, Celebrex 200mg #30, Gabapentin 600mg #90, and Cymbalta 30mg #60, which is now under review. On 12/12/2014, Utilization Review modified the request for Celebrex 200mg #30, Gabapentin 600mg #90, and Cymbalta 30mg #60. The Lidoderm 1% film was non-certified, noting the MTUS Guidelines and OGD were cited. The injured worker is a 33-year-old female who reported an injury on 12/03/2003. The mechanism of injury was reported as a fall. Her diagnoses included lumbar disc with radiculitis, radicular syndrome of lower limbs and low back pain. Her past treatments have included medications,

epidural steroid injections and sacroiliac joint injections. Diagnostic studies included an unofficial electrodiagnostic study consisting of an electromyography and nerve conduction study of the bilateral lower extremities which showed right L4-5 radiculopathy. Diagnostic test include an unofficial MRI of the lumbar spine performed on 05/07/2013 which showed no disc herniation, bony fracture or bone bruising. It showed findings of a mild disc bulge at L4-5 and L5-S1, more prominent on the left than the right. Her surgical history was noncontributory. The patient presented on 12/02/2014 with a noted increase in her SI joint area pain and lower spine pain. She also has pain in her bilateral sacroiliac joint left greater than right that prevents her from being able to sit for a long period of time. It was noted that the injured worker has returned to work to see if she could continue working even with the pain and is highly motivated to do so but has to end up stopping due to the pain. Upon physical examination of the lumbar spine range of motion was limited in flexion, extension, lateral rotation and lateral bending with an increase in concordant pain in all planes. The injured worker was noted to have a positive facet loading test. Motor strength was 4/5 in the left lower extremity. Motor strength was 5/5 in the right lower extremity. Sensation was diminished to normal to light touch, pinprick and temperature along all dermatomes in the left lower extremity. Sensation was normal to light touch, pinprick and temperature along all dermatomes in the right lower extremity. Deep tendon reflexes were 2+ in the bilateral ankles and 1+ in the bilateral knees. Straight leg raise test was positive on the left leg for radicular signs and symptoms at 60 degrees. Straight leg raise test was negative on the right leg for radicular signs and symptoms at 60 degrees. Patrick/Gaenslen test was positive for sacroiliac arthropathy bilaterally. Additionally, tenderness to palpation over the bilateral sacroiliac joints was noted. Her current medication regimen included Norco, Soma, Celebrex, gabapentin, Cymbalta, ranitidine, Ambien, Imitrex, and nortriptyline since at least 12/12/2014. The treatment plan included a refill of Norco, Soma, Celebrex, gabapentin, Cymbalta, ranitidine, and a start of Lidoderm 5% patches 1 applied topically once a day for 30 days #30 with 1 refill. The rationale for the request was that the injured worker has been on the same medication regimen for an extended period of time and would go into withdrawals if abruptly discontinued. A Request for Authorization form was not provided within the documentation submitted for review. Gabapentin 600mg #90, and Cymbalta 30mg #60. The Lidoderm 1% film was non-certified, noting the MTUS Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM FILM 5% 1 PATCH QD #30 REFILL 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 112.

Decision rationale: The request for a Lidoderm film 5% 1 patch daily #30 refill 1 is not medically necessary. The injured worker has chronic radiating low back and neck pain. The California MTUS states that the FDA has recommended the use of Lidoderm patches only for the indications of postherpetic neuralgia. No other commercially approved topical formulations

of lidocaine whether creams, lotions or gel are indicated for neuropathic pain. The documentation submitted for review failed to provide evidence that the injured worker had a diagnosis of postherpetic neuralgia. In the absence of the aforementioned documentation, the request as submitted does not support the evidence based guidelines. As such, the request for a Lidoderm film 5% 1 patch daily #30 refill 1 is not medically necessary. Topical Analgesics.

Celebrex 200mg qd #30 Refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Decision rationale: The request for Celebrex 200 mg daily #30 refill 1 is not medically necessary. The injured worker has low back pain, radicular syndrome of the lower limbs and cervicalgia. The California MTUS Treatment Guidelines recommend Celebrex if the injured worker is considered to have a risk of GI complications. The documentation submitted for review provides evidence that the injured worker has a history of gastrointestinal upset with the amount of medications. As such, the request for Celebrex 200 mg daily #30 refill 1 is not medically necessary. The previous certification period has expired, and without a successful peer to peer agreement and discussion to modify the decision, the request remains not medically necessary. As such, the request for Celebrex 200 mg daily #30 refill 1 is not medically necessary.

Gabapentin 600mg 1 tab TID #90 refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 43.

Decision rationale: The request for gabapentin 600 mg 1 tab 3 times a day #90 refill #1 is not medically necessary. The injured worker has lumbar disc with radiculitis, radicular syndrome of the lower limbs and low back pain. The California MTUS Treatment Guidelines state that 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. However, the documentation submitted for review provides evidence that a previous determination certified the use of gabapentin 600 mg 1 tablet 3 times a day #90 refill #1 due to the fact that the injured worker had gestational diabetes with the modification date starting 12/12/2014 ending 01/12/2015. It is also noted that the gabapentin was certified as the injured worker does have symptoms indicative of neuropathy pain. However, it is unclear as to what the specific determination for approving the use of gabapentin was granted for. The previous certification period has expired, and without a successful peer to peer agreement and discussion to modify the decision, the request remains not medically necessary. Given the above, the request for gabapentin 600 mg 1 tab 3 times a day #90 refill 1 is not medically necessary.

Cymbalta delayed release 30mg 1 cap BID #60 Refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

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

Decision rationale: The request for Cymbalta delayed release 30 mg 1 cap twice a day #60 refill 1 is not medically necessary. The injured worker has lumbar disc radiculitis low back pain and cervicalgia. The California MTUS Treatment Guidelines recommend Cymbalta for anxiety, depression, diabetic neuropathy fibromyalgia, neuropathic pain and radiculopathy. It is also a first line option for diabetic neuropathy. The documentation submitted for review provides evidence that a previous determination approved the use of Cymbalta from 12/12/2014 to 01/12/2015 in the form of Cymbalta delayed release 30 mg 1 cap twice a day #60 refill #1 due to the fact that the injured worker had gestational diabetes as well as symptoms of neuropathic pain. As the modification period has ended, the request is not supported as it is unclear as to whether the certification was granted due to the injured worker's gestational diabetes. The previous certification period has expired, and without a successful peer to peer agreement and discussion to modify the decision, the request remains not medically necessary. As such, the request for Cymbalta delayed release 30 mg 1 cap twice a day #60 refill #1 is not medically necessary.