

Case Number:	CM15-0111424		
Date Assigned:	06/17/2015	Date of Injury:	02/13/2005
Decision Date:	07/16/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/10/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 (IW) is a 53-year-old male who sustained an industrial injury on 02/13/2005. Diagnoses include chronic neck pain, cervical spondylosis and degenerative disc disease, status post cervical fusion, cervical radiculopathy, chronic low back pain and radiculopathy and lumbar herniated nucleus pulposus. Treatment to date has included medications, cervical fusion, and H-Wave unit. MRI of the cervical spine on 9/2/11 noted severe left-sided C5-6 foraminal stenosis with left C6 nerve compression secondary to a far lateral disc protrusion and hypertrophic spur. 7/12/10 MRI of the lumbar spine found multilevel degenerative disc disease, worse at L4-5, with a left foraminal disc extrusion impinging the exiting L4 nerve root; and mild degenerative disc changes at L2-L4 and L5-S1 with mild bilateral neural foraminal stenosis. According to the progress notes dated 5/4/15, the IW reported neck pain without radicular symptoms and low back pain radiating down the left leg with associated paresthesias. His pain was rated 5/10. He also reported OxyContin and Norco reduced his pain from 8-9/10 to 3-4/10. On examination, tenderness was present over the cervical and thoracic paraspinals, over the left upper trapezius and over the left lumbar paraspinal muscles. Lower extremity strength was 4/5 on the left and 5/5 on the right. Straight leg raise was positive on the left. Medications included OxyContin, Norco, Lorazepam, Soma, Ambien, Omeprazole, Lidoderm, Cymbalta, Altazosin ER, Gralise, Finasteride, Zyrtec, Flonase and Latanaprost eye drops. A request was made for functional restoration program to help the IW taper down medications, improve function and provide psychological support; and for Cymbalta 60mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 49.

Decision rationale: The California chronic pain medical treatment guidelines section on functional restoration programs states: Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see chronic pain programs), were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. (Bendix, 1998) A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. (Guzman 2001) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. (Airaksinen, 2006) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. (Karjalainen, 2003) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For general information see chronic pain programs. While functional restoration programs are recommended per the California MTUS, the length of time is for 2 weeks unless there is documentation of demonstrated efficacy by subjective and objective gains. The request does not specify an amount of time. This is in excess of the recommendations and thus is not medically necessary.

Cymbalta 60mg qhs #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

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

Decision rationale: The California MTUS section on Cymbalta states: Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia, used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs.2% for placebo), insomnia (8-13% vs. 6-7% for placebo). The patient does not have diabetic neuropathy or fibromyalgia and therefore this is not a first line choice for neuropathic pain and the request is not medically necessary.