MAXIMUS Federal Services

Case Number:	CM15-0119247		
Date Assigned:	06/29/2015	Date of Injury:	12/01/2010
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/19/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 48 year old male who sustained an industrial injury on 12/01/2010. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having displacement of cervical vertebral disc without myelopathy; chronic cervical spine pain likely associated with facet capsular tears and concurrent disk injury; left shoulder mild partial tear at the infraspinatus and muscular tendinosis junction with no evidence of full thickness tear; post-operative changes at the AC joint without evidence of recurrent or residual impingement; cervicogenic migraine; Intra articular shoulder injury status post two surgeries. Treatment to date has included a recent cervical epidural injection with which he received minimal relief for a short period of time. Currently, the injured worker is seen for follow up of left shoulder pain. He has aching, swelling, and throbbing of the left shoulder that he indicates worsen with activity. The pain is described as aching, burning, increasing, sharp, tender, throbbing, worsening, pinching, weakness, pressure and stabbing. He also has cervical pain with numbness and tingling of both arms with radicular pain and weakness. The neck pain increases with turning the neck to the left, and turning the neck to the right also worsens pain and the pain shoots down the left side. Severity is a 7 - 8/10 and the pain is described as aching, burning, pounding, radiating, sharp, shooting and stabbing. His pain is nociceptive, neuropathic and inflammatory. There is tenderness on palpation of the left shoulder. His pain medications give about a 50% improvement in pain, and he is on the lowest effective dosing. Attempts to wean the medications caused increased pain, suffering and decreased functional capacity. Current medications include Cymbalta, Fentanyl Patch, Gabapentin, and Naprosyn. Plans

include ordering a newer MRI and ordering refills of current medications and Zanaflex. A request for authorization is made for the following: 1. Neurontin 300mg (1-3 tablets by mouth 3 times daily), #180 with 3 refills; 2. Cymbalta 60mg, #90 with 3 refills; 3. Duragesic 25mcg/hr. patch 72 hour (apply 1 patch to skin every 3 hours), #10; and 4. Zanaflex 2mg (1 by mouth twice daily), #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg (1-3 tablets by mouth 3 times daily), #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Specific Anti-Epilepsy Drugs: Gabapentin (Neurontin, Gabarone, generic available).

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

Decision rationale: According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. Continuous use of Neurontin cannot be certified without documentation of efficacy. Therefore the request for NEURONTIN 300MG #180 with 3 refills is not medically necessary.

Cymbalta 60mg, #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS Page(s): 15-16.

Decision rationale: Cymbalta is FDA approved for diabetic neuropathy. It is also used off label for neuropathic pain and radiculopathy. There is no high quality evidence to support its use for lumbar radiculopathy. There is no clear evidence that the patient have diabetic neuropathy. A prolonged use of Cymbalta in this patient cannot be warranted without continuous monitoring of its efficacy. Therefore, the request of 90 Cymbalta 60mg with 3 refills is not medically necessary.

Zanaflex 2mg (1 by mouth twice daily), #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, an non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with Zanaflex for at least more than 4 months, which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication. Therefore, the request for Zanaflex 2mg #60 with 3 refills is not medically necessary.