

Case Number:	CM15-0123537		
Date Assigned:	07/08/2015	Date of Injury:	05/23/2002
Decision Date:	09/10/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/26/2015

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 is a 53 year old female who sustained an industrial injury on 05/23/2002 resulting in pain to the back. Treatment provided to date has included spinal cord stimulator (SCS) placement with revision (2014) with good coverage in the low back and lower extremities; lumbar fusion surgery; medications (Anaprox, Percocet, Norco, Prilosec, Ativan, Lidoderm patch, Voltaren gel, Cymbalta, Neurontin, Zofran, and Lidopro cream); and conservative therapies/care. Diagnostic tests performed include: CT scan of the left knee (2013) showing no abnormalities; lumbar provocative discogram (2012) showing severe fully concordant pain at L3-4 and L5-S1, and negative control at L2-3; CT scan of the lumbar spine (2012) showing broad-based central posterior disc herniation at L3-4, an adequate anterior spinal fusion at L4-5, and moderate sized facet hypertrophy at L4-5 and L5-S1 with associated foraminal stenosis at L4-5; and electrodiagnostic testing of the lower extremities (2012) showing moderate to severe left L5 and mild right L5 radiculopathy. There were no noted co-morbidities or other dates of injury noted. On 05/13/2015, physician progress report noted complaints of right-sided low back pain that radiates to the right groin area. No pain rating was provided and no description of the pain was mentioned. Additional complaints included increased right hip pain, which improved with the SCS unit turned off. The injured worker also reported that her gastrointestinal symptoms have improved with the use of Prilosec and Zofran. Current medications include Norco, Prilosec, Ativan, Lidoderm patch, Voltaren gel, Cymbalta, Neurontin, Zofran, and Lidopro cream. It was noted that the injured worker did not tolerate antidepressant or anti-neuropathic medications very well. However, the injured worker was trying to work in the Neurontin as much as possible, but maxed out at 300mg due to

cognitive side effects. The injured worker was reported to have been seen by a psychiatrist and diagnosed with major depressive disorder, chronic severe somatic disorder, pain disorder with associated psychological factors, general medical condition, general anxiety disorder and insomnia related to industrial injury and chronic pain. The physical exam revealed an antalgic gait, tenderness in the lateral epicondyle extensor tendon region of the right forearm with shooting pain down the forearm to the dorsum of the hand; tenderness to palpation of the posterior lumbar musculature bilaterally with increased muscle rigidity; numerous tender trigger points upon palpation throughout the lumbar paraspinal musculature; decreased range of motion (ROM) in the lumbar spine with obvious muscle guarding; absent Achilles tendon reflexes bilaterally; decreased patella tendon reflexes bilaterally; decreased sensation in the L5- S1 distribution bilaterally; hypersensitivity on the dorsum of the feet, positive straight leg raises bilaterally, tenderness to palpation along the medial and lateral joint lines of the left knee with some mild swelling and crepitus noted with ROM, and a positive McMurray's sign. The provider noted diagnoses of lumbar post-laminectomy syndrome, status post L4-5 anterior lumbar inter-body fusion (2004), lumbar SCS placement (2005) with replacement (2014), bilateral lower extremity radiculopathy with associated hypersensitivity, reactionary depression/anxiety, restless leg syndrome secondary to neuropathic pain, post traumatic fibromyalgia of the cervical and lumbar spine, status post posterior lumbar inter-body fusion at L3-4, L4-5 and L5-S1, bilateral knee sprain/strain secondary to over compensation, and rule out right hip internal derangement. Plan of care includes refills on medications, continue charging battery on SCS unit and follow-up with representative when unit is back on, bilateral hip x-rays, and follow-up. The injured worker's work status remained temporarily totally disabled. The request for authorization and IMR (independent medical re view) includes Ativan 1mg #30, Neurontin 600mg #90, Voltaren gel 1.3%, and Cymbalta 60mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of ativan 1mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Ativan (Lorazepam) is a long-acting benzodiazepine, having anxiolytic, sedative, muscle relaxant, anticonvulsant, and hypnotic properties. Most guidelines recommend the use of Ativan for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks due to the unproven efficacy, increased risk of dependence, and increased anxiety with long-term use. In this case, the injured worker has been taking this medication monthly since 11/2014. There are no guideline criteria that support the long-term use of benzodiazepines, and this medication is not recommended for use longer than 4 weeks. Medical necessity for the requested medication has not been established. The Ativan 1mg #30 is not medically necessary.

90 Tablets of neurontin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) and Gabapentin (Neurontin) Page(s): 16, 49-21.

Decision rationale: According to California MTUS Guidelines, Anti-Epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Neurontin is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of Lyrica is a 30-50% reduction in pain. The MTUS states; "A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. A lack of response of this magnitude may indicate the need for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails." In this case, the injured worker has been taking Neurontin, in addition to narcotic analgesics, for more than 6 months with no significant measurable improvement in pain or function documented with this medication. Without evidence of improvement, the guidelines recommend changing to a different first-line agent (TCA, SNRI or AED) or a combination of therapy. In addition, it was noted in the medical records that the injured worker was unable to, tolerate a dose greater 300mg due to the cognitive side effects. As such, medical necessity for Neurontin has not been established. Therefore, Neurontin 600mg #90 is not medically necessary.

Voltaren Gel 1.3%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the MTUS, Voltaren gel is indicated for relief of osteoarthritis pain in joints that are accessible for the application of topical analgesics (ankle, elbow, foot, hand, knee, and wrist). Voltaren has not been evaluated or approved for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. The MTUS goes on to state that topical analgesics are largely experimental with few trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trial of antidepressants and anticonvulsants have failed. Topical Non-steroidal anti-inflammatory agents (NSAIDs) like Voltaren have shown to be effective in the treatment of osteoarthritis, but efficacy decreases over the first 2 weeks. Additionally, topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical NSAIDs may be recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of

osteoarthritis of the spine, hip or shoulder. In this case, the physician does not specify the use of or for this medication or dosage. Although it is noted that the injured worker is intolerant to most antidepressants and anticonvulsants, NSAIDs are only recommended for osteoarthritis (not in spine, shoulder or hip), and are only recommended for short-term use. Additionally, this medication is not recommended or approved for the treatment of the spine, hip or shoulder. Furthermore, the injured worker has been prescribed this medication since at least 11/2014 with no measurable evidence of reduction in pain or improvement in function. As such, the request for Voltaren gel 1.3% is not medically necessary.

30 Tablets of Cymbalta 60mg: Upheld

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

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

Decision rationale: According to the MTUS in regards to Cymbalta (duloxetine), antidepressants are recommended as a first line option in treating neuropathic pain, and a possible choice for non-neuropathic pain. Decrease in pain generally occurs within a few days to a week. Assessment of effectiveness of the treatment should include not just pain conclusions, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Duloxetine is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia, but used off-label for neuropathic pain and radiculopathy. Although Duloxetine is recommended as a first-line option for diabetic neuropathy, there is insufficient evidence to support the use of duloxetine for lumbar radiculopathy with more studies needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects include central nervous system symptoms of dizziness, fatigue, somnolence, drowsiness, anxiety and insomnia; gastrointestinal symptoms of nausea and vomiting; and weight loss. In this case, there was clear evidence in the medical records that the injured worker had been prescribed this medication since 11/2014; however, there is insufficient measurable evidence to show a decrease in pain or improvement in function with the use of this medication. Additionally, there was an indication that the injured worker had previously had gastrointestinal symptoms, for which Zofran and Prilosec were prescribed, which is a known side effect in 5-30% of patients using this medication. Furthermore, it is clearly noted that he injured worker is intolerant to these types of medications, increasing the likeliness of side effects associated with this medication. Due to the long-term use of this medication and the lack of improvement in pain levels, daily functioning and possible side effects, medical necessity has not been established. The request for Cymbalta 60mg #30 is not medically necessary.