

Case Number:	CM15-0076287		
Date Assigned:	04/28/2015	Date of Injury:	04/09/2009
Decision Date:	06/05/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/21/2015

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: California, Indiana, New York
 Certification(s)/Specialty: 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 65-year-old female who sustained an industrial injury on 04/09/2009. Diagnoses include disc disorder lumbar, lumbar facet syndrome, lumbar radiculopathy, post-lumbar laminectomy syndrome, low back pain and chronic pain syndrome. Treatment to date has included diagnostic studies, medications, 2 spinal surgeries, radio frequency ablation/rhizotomy, epidural steroid injections, acupuncture, and physical therapy. The most recent physician progress note dated 12/04/2015 documents the injured worker presents with a walking cane with this visit. She reports moderate to severe, constant right knee pain at night, and she is unable to bear weight on it. She reports knee pain increases when she lies on her hip. She is cancelling the spinal cord stimulator trial: "I am very fearful of such a procedure." She has a right sided foot flat antalgic gait. She has a Trendelenburg gait pattern. She has a slowed and stooped gait. The injured worker turns en-bloc during ambulation. A Magnetic Resonance Imaging of the lumbar spine done on 04/29/2014 revealed L4-5 anterior and posterior fusion, right laminectomy, non-stenotic canal and foramina, L5-S1 anterior and posterior fusion, bilateral laminectomy, hypertrophic bone encroaches on right lateral recess. Non-stenotic foramina, and non-stenotic central canal. Treatment requested is for Cymbalta 30mg #90, Gabapentin 300mg #120 with 2 refills, and Metaxalone 800mg #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Cymbalta 30 mg #90 is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Is FDA approved for treatment of depression, generalized anxiety disorder, and treatment of diabetic neuropathy. The effect is found to be significant by the end of week one. In this case, the injured worker's working diagnoses are disk disorder lumbar; lumbar facet syndrome; lumbar radiculopathy; post-lumbar laminectomy syndrome; low back pain; and chronic pain syndrome. The documentation in the medical record shows Cymbalta 30 mg was prescribed as far back as August 2013. The most recent progress note in the medical record does not contain pain scales (December 4, 2014). Subjectively, according to the December 4, 2014 progress note, the worker ambulates with a cane, has caused the right knee pain and is unable to weight bear. There are no subjective neuropathic symptoms documented in medical record. Objectively, the worker has a right-sided antalgic gait. There are no positive neurologic findings in the medical record. There are no objective neuropathic findings on physical examination. An appeal letter dated April 21, 2015 that indicates diminished reflexes and muscle strength was limited by pain. There is no documentation in the medical record indicating continued objective functional improvement with ongoing Cymbalta 30 mg. Consequently, absent clinical documentation with neuropathic symptoms and signs and evidence of ongoing objective functional improvement, Cymbalta 30 mg #90 is not medically necessary.

Metaxalone 800mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Metaxalone (Skelaxin) 800mg #90 with 2 refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are disc disorder lumbar; lumbar facet syndrome; lumbar radiculopathy; post-lumbar laminectomy syndrome; low back

pain; and chronic pain syndrome. The documentation in the medical record shows Skelaxin first appeared in the December 4, 2014 progress note. The exact start date is unclear based on the documentation. Skelaxin is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. The treating provider exceeded the recommended guidelines in treatment by continuing Skelaxin in excess of three months. There was no documentation of muscle spasm in the medical record documentation (December 2014). Additionally, the treating provider requested two refills. There are no contemporaneous progress notes on or about the request for authorization-dated symbol to US March 9, 2015. Consequently, absent compelling clinical documentation clearly in excess of the recommended guidelines for short-term use (less than two weeks) with an additional request for two refills, Metaxalone (Skelaxin) 800mg #90 with 2 refills is not medically necessary.

Gabapentin 300mg #120 with 2 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 300 mg #120 with 2 refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are disc disorder lumbar; lumbar facet syndrome; lumbar radiculopathy; post lumbar laminectomy syndrome; low back pain; and chronic pain syndrome. Gabapentin first appeared in a progress note dated August 2013. The exact start date is unclear from the medical record documentation. Subjectively, according to a December 4, 2014 progress note, the major complaint is right knee pain and status post 2 spinal surgeries. There were no neuropathic symptoms or signs documented in the medical record. There are no pain scales in the December 2014 progress note. According to an appeal note dated April 21, 2015 (in response to the request for authorization denial dated March 9, 2015), reflexes were diminished and there was pain associated with motor muscle testing. There is no documentation evidencing objective functional improvement with ongoing Gabapentin. Additionally, there were two refills attached to the request for gabapentin 300 mg #120. Consequently, absent clinical documentation with objective functional improvement to support ongoing gabapentin, symptoms and signs indicating a neuropathic etiology and contemporaneous documentation on or about the request authorization dated March 9, 2015, Gabapentin 300 mg #120 with 2 refills is not medically necessary.