

Case Number:	CM13-0002446		
Date Assigned:	06/06/2014	Date of Injury:	07/05/2011
Decision Date:	08/05/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/22/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 40 year-old female with date of injury 07/05/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/04/2013, lists subjective complaints as pain in the low back which radiated down to the legs. Objective findings reveal lumbosacral exam revealed positive pelvic thrust, pain with valsalva, pain to palpation over L3-S1 facet capsules, left, pain with rotational extension indicative of facet capsular tears left, secondary myofascial pain with triggering and ropey fibrotic banding, left and positive stork test, left. The diagnosis are: pain in thoracic spine, lumbar disc displacement, cervical disc displacement, lumbosacral neuritis, and joint pain, shoulder. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 05/26/2013. The medications include Cymbalta 60mg, one by mouth once daily, Gabapentin 600mg, take three every eight hours, Naratriptan 2.5 mg, one by mouth daily as needed, and Robaxin 500mg, one by mouth daily as needed. The directions for taking the medication were taken from previous medical records. The request for the medications contains no directions and gabapentin has no milligram dosage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Duloxetine (Cymbalta®).

Decision rationale: The Official Disability Guidelines (ODG) recommends Cymbalta as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). However, the request contains no directions to the patient or quantity requested. Due to the lack of information, the medical necessity for Cymbalta is not established. As such, the request for Cymbalta 60mg is not certified.

Gabapentin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, the request does not contain the milligram dosage, numbers capsules prescribed, or directions to the patient. Due to the lack of information, the medical necessity for Gabapentin is not established. As such, the request for Gabapentin is not certified.

Naratriptan 2.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans.

Decision rationale: The Official Disability Guidelines (ODG) recommends triptans for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. However, the request does not contain the number of pills required or directions to the patient. Due to the lack of information, the medical necessity for Naratriptan is not established. As such, the request for Naratriptan 2.5mg is not certified.

Robaxin 500mg: Upheld

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

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

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. In this case, the patient has been taking the muscle relaxant for an extended period of time. Regardless, the request is not contain a number of tablets, or directions to the patient. Due to the lack of information, the medical necessity for Robaxin is not established. As such, the request for Robaxin 500mg is not certified.