

Case Number:	CM13-0010334		
Date Assigned:	11/08/2013	Date of Injury:	04/20/2010
Decision Date:	02/04/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 physician 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:

This is a male patient with a date of injury of April 20, 2010. A utilization review determination dated August 7, 2013 recommends non-certification of Cymbalta, Baclofen, and anti-inflammatory cream. Certification is recommended for Naproxen, Zanaflex, Lyrica, Percocet, Lidoderm, Ambien, and OxyContin. The utilization review report states, "the patient is a 35-year-old individual who sustained an injury on April 20, 2010. Mechanism of injury was not documented in the clinical record submitted with this request. According to the primary treating physician's orthopedic spine surgery progress report dated July 16, 2013 by [REDACTED] the patient presented with complaints of continued pain in the low lumbar spine which radiated into the left lower extremity. Patient also had pain over the anterior incision. Physical examination showed a well-healed midline incision. There is a decreased sensation over the left L4 and S1 dermatome. Lumbar range of motion as follows: flexion 30°; extension neutral; left lateral bend 17°; and right lateral bend 19°. Straight leg raise was positive on the left lower extremity. The patient's height was 5'10" and weight was 231 pounds. Body mass index of 33.1."

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for continue use of Cymbalta 60mg, #30 dispensed 7/11/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 15.

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

Decision rationale: Regarding the request for Cymbalta, guidelines state that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, it is clear Lyrica has been authorized for the treatment of neuropathic pain. There is no indication that the Lyrica has been unsuccessful, and therefore an additional medication in the form of Cymbalta would be indicated. Additionally, there is no statement identifying why the concurrent use of Cymbalta and Lyrica would be required if the patient has not yet failed a trial of Lyrica (a first-line treatment for neuropathic pain). In the absence of clarity regarding these issues, the currently requested Cymbalta is not medically necessary.

The request for continue use of Baclofen 10mg, #90 dispensed 7/11/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Relaxants (for pain) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a second line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Baclofen. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Additionally, it appears the patient is already utilizing Zanaflex, and there is no statement indicating why the patient would require the concurrent use of two muscle relaxant medications. In the absence of clarity regarding those issues, the currently requested Baclofen is not medically necessary.

The request for trail Anti-inflammatory cream (unspecified) dispensed 7/11/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

Decision rationale: Regarding the request for topical NSAID (Non-Steroidal Anti-Inflammatory Drugs,) guidelines, state that topical NSAIDs are recommended for short-term use. Oral

NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of topical NSAID. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred. In fact, it appears the patient is currently taking oral Naproxen. In the absence of clarity regarding those issues, the currently requested topical NSAID is not medically necessary.