

Case Number:	CM13-0014953		
Date Assigned:	10/08/2013	Date of Injury:	11/02/1994
Decision Date:	01/14/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/22/2013

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 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 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 female patient who has undergone acupuncture treatments, epidural steroid injection, physical therapy, facet joint injections and trigger point injections. She has had a plantar fashion release, tarsal tunnel release, and a repaired tendon to correct flatfoot deformity. Patient has a history of arthritis. Current medications include Ambien, Pennsaid, Celebrex, Lexapro, protonix, keppra. Diagnosis includes symptomatic left flatfoot deformity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic Pain Guidelines state, "Duloxetine (Cymbalta®): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the

efficacy of duloxetine for other types of neuropathic pain." Based on the medical records submitted for review, there is no evidence that the patient has any neuropathic pain. There's no other information indicating radiculopathy. Also the guidelines do not recommend this medication for lumbar radiculopathy. As there is no indication the patient's pain is neuropathic or diabetic, this medication is not recommended. The request for Cymbalta 60mg #30 is not medically necessary and appropriate.

Dexilant 60mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient's age is a risk factor for gastrointestinal events. Guidelines recommend that the patient either uses a nonselective Non-Steroidal Anti-Inflammatory Drug (NSAID) without Proton Pump Inhibitor (PPI) or a COX-2 selective agent. This patient is on a Cox2 selective agent, Celebrex. There is no indication this patient needs any additional protection in the form of a PPI. Therefore the request for this medication is not necessary. The request for Dexilant 60mg #30 is not medically necessary and appropriate.

Keppra 500mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, this medication is indicated for people with neuropathic pain. There is no indication this patient has neuropathic pain in the medical records given. Therefore this medication does not apply. The request for Keppra 500mg #90 is not medically necessary and appropriate.