

Case Number:	CM13-0021825		
Date Assigned:	10/11/2013	Date of Injury:	01/26/2000
Decision Date:	01/09/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/06/2013

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 Internal Medicine and is licensed to practice in New York. 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:

The patient is a 45 year old male who sustained an injury to back and neck in the year 2000. His medical history includes coronary artery disease (CAD) status post two heart stents, hyperlipidemia, -hypertension, depression, chronic low back pain with decreased range of motion, paraspinal spasms weakness and radiating pain to bilateral legs right more than left. He is status post a cervical spine surgery in 2000, and has disc disease at L3-4, and L4-5. The patient has received spinal injections, physical therapy, and increasing pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Coreg 12.5 mg: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR).

Decision rationale: According to the PDR, Coreg is used for reduction of cardiac mortality in clinically stable patients who have survived the acute phase of myocardial infarction and have an ejection fraction of less than 40%, for essential hypertension, and for heart failure. This patient

has a history of CAD and hypertension. It appears that use of this medicine is appropriate and certified. The request for Coreg 12.5 mg is medically necessary and appropriate.

Cymbalta EC 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): 15-16.

Decision rationale: Per MTUS guidelines, Cymbalta is approved for depression and diabetic neuropathy. No high quality evidence is reported to support its use for lumbar radiculopathy.(Dworkin 2007) More studies are needed to determine the efficacy of Cymbalta for other types of neuropathic pain. Side effects include sexual dysfunction (Maizels,2005). The request for Cymbalta EC is not medically necessary and appropriate.

Levitra 20mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.

Decision rationale: The PDR states that this medication is for treatment of erectile dysfunction. There is a warning to avoid use with unstable angina. A cardiology note from 7/13 includes unstable angina in one of the diagnoses. Pending cardiological clearance to use this medicine, it remains inadvisable to use. The request for Levitra is not medically necessary and appropriate.

Lidoderm: 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): 56-57.

Decision rationale: MTUS guidelines state that Lidoderm patch is only FDA approved for post herpetic neuralgia. Further research is needed to recommend for other chronic neuropathic pain disorders. The request for Lidoderm patches is not medically necessary and appropriate.

A second prescription of Norco 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: The patient has been on opioids since at least 7/25/12. A note on 6/13 states worsening pain with multiple symptoms. MTUS guidelines state opioids should be continued if the patient has returned to work or has improved functioning and pain. The guidelines also state that for chronic back pain opiates appear to be efficacious but limited for short term relief and long term efficacy is unclear(>16 weeks). The request for additional Norco 5 is not medically necessary and appropriate.

Plavix 75mg: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR..

Decision rationale: The PDR states that this medicine is used to decrease the rate of combined endpoint of cardiovascular death, myocardial infarction (MI), stroke, or refractory ischemia in patients with non-ST-segment elevation acute coronary syndrome (unstable angina [UA]/non-ST-elevation MI [NSTEMI]), including patients who are to be managed medically and those who are to be managed with coronary revascularization, to reduce the rate of death from any cause and the rate of combined endpoint of death, reinfarction, or stroke in patients with ST-elevation MI (STEMI), and to reduce the rate of combined endpoint of new ischemic stroke, new MI, and other vascular death in patients with history of recent MI, recent stroke, or established peripheral arterial disease. The patient has a history of CAD. The request for Plavix is medically necessary and appropriate.

Vytorin 10mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.

Decision rationale: Vytorin is a combination medicine (ezetimibe/simvastatin) used to reduce cholesterol. No incremental benefit of Vytorin on cardiovascular morbidity and mortality over and above that demonstrated for simvastatin has been established. The record does not indicate the cholesterol level nor why this particular medication was used. The request for Vytorin is not medically necessary and appropriate.