MAXIMUS Federal Services

Case Number:	CM13-0022610		
Date Assigned:	03/26/2014	Date of Injury:	06/08/2005
Decision Date:	05/12/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/11/2013

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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 50-year-old male who reported an injury on 06/08/2005. The mechanism of injury was from a gate falling on him. The 02/05/2014 clinic note reported a complaint of right lumbosacral pain with radiation into the right groin and the calves, into the heels and ankles, rated at 6/10. The injured worker reported his left foot felt warm and the right foot felt cold. On examination, he had absence of tenderness to palpation with range of motion described as 16 degree extension, 20 degrees lateral bending bilaterally, and 50 degrees bilateral rotation with pain upon flexion. He had full range of motion to the bilateral lower extremities, knees, and ankles, with positive straight leg raise bilaterally, 5/5 muscle strength, and intact sensation and deep tendon reflexes. The note reported no signs of depression, anxiety, or agitation. His 09/19/2005 lumbar MRI revealed mild disc disease involving L4-5 and L5-S1 without evidence of spinal stenosis, a 3 mm posterior disc protrusion at L5-S1 indenting the exiting bilateral nerve roots and causing mild neural foraminal narrowing, and a bilateral Tarlov cyst at S1 measuring 2 cm on the right and 0.5 cm on the left. His 08/04/2006 lumbar MRI revealed 3 mm to 4 mm central disc protrusion at L5-S1 with focus of annular tear protrusion about the left L5 nerve root, mild 2 mm superficial bulge at L4-5, and right foramen at L4-5 mildly narrowed. The note stated the patient pain medication aided with his functionality and quality of life.

IMR ISSUES, DECISIONS AND RATIONALES

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

DULOXETINE 60MG #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13, 15.

Decision rationale: CA MTUS states tricyclic antidepressants are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated, and an 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. The documentation did not provide evidence of failed outcomes from first line agents or efficacy from the use of Cymbalta. The documentation does not meet guideline requirements. As such, the request for Duloxetine 60mg #30 with 1 refill is not medically necessary and appropriate.

CYCLOBENZAPRINE 10MG #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscles Relaxants For Pain Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERILÂ®) Page(s): 41.

Decision rationale: CA MTUS recommends cyclobenzaprine as an option for short course of therapy and is not recommended in addition to other agents. The documentation submitted indicates the injured worker has been using cyclobenzaprine for over a year in addition to opioids and, therefore, does not meet guideline requirements. As such, the request for Cyclobenzaprine 10mg #30 with 1 refill is not medically necessary and appropriate.