

Case Number:	CM13-0022918		
Date Assigned:	11/15/2013	Date of Injury:	12/28/2003
Decision Date:	02/04/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/11/2013

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.

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 female patient with a date of injury of December 28, 2003. A utilization review determination dated September 3, 2013 recommends noncertification of Flector patches and Cymbalta. Certification is recommended for Lodine. A progress report dated September 24, 2013 includes subjective complaint stating, "at this patient's last appointment, I refilled her medications including Lodine, Flector patch, and Cymbalta. Flector patch and Cymbalta were denied and the only medication approved was Lodine. The patient reports significant increase in stomach pain since being on the Lodine. At today's appointment, we will thus continue the Lodine and start the Flector patches instead. She has had this patch before and notices better relief of her pain and no stomach upset. The reviewing physician on the Cymbalta stated that she had no previous trial of Elavil. Therefore, at today's appointment we will start a one month trial of Elavil 10 mg at night to see if this helps with any of her pain. We are treating the patient with Cymbalta for her low back pain, not necessarily for the radiculopathy. In any case, we will try this for a month and see how she does. The patient's states physical therapy was not significantly helpful in decreasing her complaints. However, she continues to perform a home exercise program." Physical examination identifies, "the patient has limited range of motion in all planes of the cervical spine due to severe muscle spasms in the paraspinal trapezius muscles. The patient has limited range of motion of the lumbar spine with flexion 40°, extension 5°, left and right lateral bending 15°, and left and right rotation 10°. The patient has decreased sensation to touch in both feet with decreased plantar and dorsiflexion strength at 5 minus/5 bilaterally." Diagnoses include cervical spine sprain strain, postlaminectomy syndrome, thoracic spine sprain strain, lumbar spine sprain strain, and chronic pain syndrome. Discussion states, "at today's appointmen

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches, 60: Overturned

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

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

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for Flector patch, guidelines state that topical NSAIDs (non-steroidal anti-inflammatory drugs) may be useful for a short duration of time such as a 4 to 12 week period. Additionally, guidelines state that topical NSAIDs are not supported for the treatment of osteoarthritis of the spine, hip, or shoulder. Regarding use of oral NSAIDs, guidelines recommend the addition of a proton pump inhibitor for the use of a Cox-2 medication in patients that have gastritis from oral NSAIDs. Within the documentation available for review, the requesting physician has indicated he is prescribing Flector patch due to the patient's gastric upset with oral NSAIDs. There is no statement indicating why the patient would be unable to tolerate a proton pump inhibitor, H2 blocker, or Cox-2 medication to deal with the gastritis issue. Additionally, it appears the Flector patch is being prescribed for spinal pain, which is not supported by guidelines. Finally, there is no indication that the topical NSAID is being used for a short duration, as recommended by guidelines. The request for Flector patches, twice per day, 60 count, is not medically necessary or appropriate.

Cymbalta, 30mg, 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

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

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for Cymbalta, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Within the documentation available for review, there is no indication that the patient has failed a first-line trial of tricyclic antidepressants prior to initiating treatment with Cymbalta. The request for Cymbalta, 30mg, by mouth every day, 30 count, is not medically necessary or appropriate.