

Case Number:	CM13-0024960		
Date Assigned:	06/06/2014	Date of Injury:	06/04/2001
Decision Date:	07/14/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/16/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 38 year old male who was injured on 6/4/01, and was later diagnosed with lumbar disc disease, lumbosacral radiculitis, and lumbar facet syndrome, which caused him to have chronic pain during the years following his injury. He was treated with surgery, oral opioids, muscle relaxants, and steroid injections, as far as what the notes provided revealed. On 7/26/13, he was seen by his treating physician complaining of back pain and was recommended facet injections, which he received then. The injection successfully reduced his pain by a reported 90% that same day and he left continuing his usual medications of Soma and Norco. He was given Cymbalta for his pain at that same time. Weeks later, on 8/23/13, he reported to his physician that the injection helped, but his pain came back after two days and that while taking the Cymbalta, he experienced depression and thoughts of "giving up" and so he discontinued it.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 30 MG CAPSULE DELAYED RELEASE 1 CAP EVER DAY #30 REFILL

1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Duloxetine (Cymbalta) Page(s): 13-16, 43-44.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. Cymbalta is recommended as a first-line option for neuropathic pain, fibromyalgia, except in those with liver insufficiency. In the case of this worker, the use of Cymbalta clearly caused an adverse reaction of what seemed to be worsening depression, and should not be continued. Therefore, the Cymbalta 30 mg #30 with 1 refill is not medically necessary or appropriate.

SOMA 50 MG TABLET 1 TAB EVERY 8 HOURS, #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 Muscle relaxants, Carisoprodol Page(s): 63-66, 29.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, he had been using Soma for at least longer than what would be considered short-term use, and should be discontinued or weaned. Therefore, the Soma 50 mg, #90 is not medically necessary.