

Case Number:	CM13-0025241		
Date Assigned:	12/11/2013	Date of Injury:	04/02/1991
Decision Date:	01/24/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/16/2013

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 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:

The patient is a 48-year-old male who reported an injury on 04/02/1991. The patient's diagnoses are noted as chronic pain syndrome, lumbar radiculopathy, right lower extremity reflex sympathetic dystrophy, prescription narcotic dependence, neuropathic pain; and insomnia, sexual dysfunction, anxiety, and depression related to chronic pain. At his 08/08/2013 visit it was noted that the patient was getting moderate relief of his muscle spasm but continued to suffer. It was note that he would followup with [REDACTED] next week to adjust his pain pump to give him more medication. A plan was noted to continue Baclofen 20 mg 3 times a day, glucosamine chondroitin 2 in the morning and 1 in the evening, Cymbalta 60 mg twice a day, Elavil 150 mg at bedtime, Lunesta 3 mg at bedtime as needed, Anaprox 550 mg twice a day for inflammation, Neurontin 800 mg 2 at bedtime for neuropathic pain, Sentra PM at bedtime for insomnia related to muscle spasm, Fluriflex ointment apply topically up to 3 times a day for pain, and Medrox patches apply to affected area at bedtime for muscle pain and stiffness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20 mg: 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 Section Muscle relaxants (for pain), Baclofen (Lioresal, generic available) Page(s): 64.

Decision rationale: The MTUS Guidelines state that Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It has also been noted to have benefit for treating lancinating, paroxysmal neuropathic pain. Baclofen is not noted to be indicated for other conditions and the patient does not have a diagnosis of spasticity or muscle spasm related to multiple sclerosis or spinal cord injury, Baclofen is not supported. Therefore, the request is non-certified.

Glucosamine chondroitin x 2 months: 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 Section Glucosamine (and Chondroitin Sulfate), Page(s): 50.

Decision rationale: The MTUS Guidelines state that glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulfate on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment. The patient does not have a diagnosis of arthritis. For this reason, the request is non-certified.

Cymbalta 60 mg x 2 months: 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 Section Duloxetine (Cymbalta, Page(s): 43-44.

Decision rationale: The MTUS Guidelines state that duloxetine (Cymbalta) is recommended as an option in first line treatment options and neuropathic pain. It has FDA approval for the treatment of depression, generalized anxiety disorder, and pain related to diabetic neuropathy. Although the patient does have documented symptoms and a diagnosis related to neuropathic pain, as well as related depression and anxiety, the documentation did not provide objective evidence of improvement with the use of this medication to support continued use. For this reason, the request is non-certified.

Elavil 150 mg x 2 months:

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 Section Amitriptyline Page(s): 13.

Decision rationale: The MTUS Guidelines state that amitriptyline is a tricyclic antidepressant and is recommended as tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Although the patient has symptoms and diagnoses related to chronic pain and has not noted any ineffective or poorly tolerated effects to amitriptyline, the clinical information submitted did not provide objective evidence of improvement with the use of this medication to support continued use. Therefore, the request is non-certified.

Lunesta 3 mg x 2 months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state that Lunesta has demonstrated reduced sleep latency and sleep maintenance and is the only benzodiazepine receptor agonist FDA approved for use longer than 35 days. It states that a randomized, double blind, controlled clinical with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the controlled group for sleep latency, awake after sleep onset, and total sleep time over a 6 month period. The patient was noted to have insomnia related to his chronic pain and has been taking Lunesta 3 mg at bedtime as needed for insomnia. However, the clinical information submitted did not provide objective evidence of improvement with this medication to support continuation.