

Case Number:	CM13-0033783		
Date Assigned:	12/06/2013	Date of Injury:	03/26/2001
Decision Date:	02/03/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/10/2013

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 55 year old male who reported a work-related injury on 03/26/2001, as a result of strain to the bilateral shoulders, cervical spine, and lumbar spine. The clinical note dated 11/07/2013 reports the patient presents for a medical progress report to address the following diagnoses, chronic neck pain status post fusion with radiculopathy, chronic low back pain status post fusion with radiculopathy, chronic bilateral shoulder pain status post arthroscopy. The provider documents the patient continues psychiatric treatment with a different provider who is prescribing Cymbalta, amitriptyline, Abilify, Ambien, and Xanax. The patient reports continued constant aching neck and low back pain rated at 8/10. The provider documents a trial of Lyrica caused dizziness and headaches and extreme dry mouth. Gralise caused nausea. The provider documents Neurontin appears to be the most tolerated for the patient's neuropathic pain complaints with the patient utilizing 600 mg 3 times a day. The provider documented the patient's treatment plan included OxyContin, Norco, tapering of Soma, Voltaren gel, Neurontin 600 mg 3 times a day, Metamucil, MiraLax, Protonix, Elavil, Cymbalta, Prozac, Xanax, Abilify, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine 20mg: 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): 105.

Decision rationale: The current request previously received an adverse determination as the previously clinical notes documented the patient was tapered off of this medication, the patient reported depressed mood and somatic complaints, with a psychomotor slowing. The provider subsequently recommended tapering of fluoxetine. In addition, it was noted in previous peer reviews that concomitant use of duloxetine as well as paroxetine increases the concentration of duloxetine by 60% with greater degrees of inhibition exhibited with higher doses of paroxetine. The clinical notes failed to evidence that either medication is effective for the patient's depression complaints. The clinical notes do not indicate how long the patient had been utilizing either medication or how long the patient had been utilizing the 2 medication concomitantly. California MTUS recommend serotonin noradrenaline reuptake inhibitors as an option in first line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated or contraindicated. However, given all of the above, the request for fluoxetine 20 mg is not medically necessary or appropriate.

Cymbalta 60mg: 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): 43-44.

Decision rationale: The current request previously received an adverse determination as the previously clinical notes documented the patient was tapered off of this medication, the patient reported depressed mood and somatic complaints, with a psychomotor slowing. The provider subsequently recommended tapering of fluoxetine. In addition, it was noted in previous peer reviews that concomitant use of duloxetine as well as paroxetine increases the concentration of duloxetine by 60% with greater degrees of inhibition exhibited with higher doses of paroxetine. The clinical notes failed to evidence that either medication is effective for the patient's depression complaints. The clinical notes do not indicate how long the patient had been utilizing either medication or how long the patient had been utilizing the 2 medication concomitantly. California MTUS recommends Cymbalta as an option in first line treatment for neuropathic pain. However, given all of the above, the request for Cymbalta 60 mg is not medically necessary or appropriate.