MAXIMUS Federal Services

Case Number:	CM13-0042464		
Date Assigned:	02/21/2014	Date of Injury:	06/06/2003
Decision Date:	05/28/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/18/2013

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 Texas. 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 58 year old male injured on 06/06/03 when he was crushed between equipment causing multiple lower extremity contusions. The specific injury sustained was not discussed in the documentation provided. MRI of the lumbar spine performed on 09/15/11 showed a 6mm disc bulge at L3-4 and a 6mm disc bulge at L4-5. The patient has undergone medication management, injections to include radiofrequency ablation at left C2-5, and physical therapy. Current diagnoses include cervicalgia, brachial neuritis, radiculitis, lumbosacral radiculitis, reflexive sympathetic dystrophy, and pain in the joint. The most recent clinical documentation dated 10/28/13 indicates the patient is being evaluated for comprehensive psychiatric evaluation and it was deemed that less than 50% of the patient's psychiatric illness was industrial related. Previous peer reviews indicate the patient's medication list includes Lyrica, Methadone, Fentanyl patch 75mcg/hr, Fentora, Relpax, Oxycodone, Prilosec, Ambien, and Viibryd. The documentation indicates the patient has a history of anxiety disorder and major depressive disorder; 47% due to industrial factors and 53% due to non-industrial factors. The treating provider has requested Cymbalta 30MG bid #60, Fentanyl75mcg/hr apply 1 patch every 2 days #15, and Viibryd 200mg qd #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 30MG TWICE A DAY, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION DULOXETINE (CYMBALTA) Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION SELECTIVE SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) Page(s): 15.

Decision rationale: As noted on page 15 of the Chronic Pain Medical Treatment Guidelines, the use of Cymbalta is a first-line treatment option for pain associated with neuropathy. Additionally, this employee has been diagnosed with major depressive disorder and anxiety disorder which are treated by Cymbalta. It would be detrimental to the employee's health to discontinue the medication suddenly and the employee requires medication treatment for his psychiatric illnesses. As such, the request for Cymbalta 30mg twice a day, #60 is recommended as medically necessary.

FENTANYL 75MCG/HR, APPLY 1 PATCH EVERY 2 DAYS #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION CRITERIA FOR USE OF OPIOIDS Page(s): 80.

Decision rationale: evidence based guidelines recommend that patients demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. It is unclear what the employee's current clinical status is in regard to pain control. There was no recent evaluation regarding the efficacy of ongoing narcotic medications. Additionally, there was a lack of recent documentation regarding compliance findings or other opioid risk assessments for dependence and diversion, as recommended by current evidence based guidelines. Without further clinical documentation to establish the employee's current condition and the effect of narcotic medications, the request for fentanyl 75 MCG/HR, apply 1 patch every 2 days #15 cannot be recommended as medically necessary.

VILBRYD 20MG, 1 BY MOUTH DAILY, #30: 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), TREATMENT INDEX, 11TH EDITION (WEB), 2013 MENTAL, VILAZODONE (VIIBRYDÂ®).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION SELECTIVE SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) Page(s): 15.

Decision rationale: As noted on page 15 of the Chronic Pain Medical Treatment Guidelines, the use of selective serotonin and norepinephrine reuptake inhibitors (SNRIs) is appropriate for the treatment of depression. Viibryd is recommended for the treatment of major depressive disorder. Additionally, this employee has been diagnosed with major depressive disorder and anxiety disorder which are treated by Cymbalta and Viibryd. It would be detrimental to the employee's health to discontinue the medication suddenly and the employee requires medication treatment for his psychiatric illnesses. As such, the request for Viibryd 20mg, 1 By Mouth Daily, #30 is recommended as medically necessary.