

Case Number:	CM13-0042927		
Date Assigned:	12/27/2013	Date of Injury:	05/31/2003
Decision Date:	02/24/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/21/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 56-year-old male who reported a work related injury on 05/31/2003, as the result of cumulative trauma. The patient presents for treatment of the following diagnoses, discogenic syndrome of the cervical spine, discogenic syndrome of the lumbar spine, lumbar nerve root injury, muscle disuse atrophy, reflex sympathetic dystrophy, sleep apnea, ankle sprain, and depression secondary to pain. The clinical note dated 11/13/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient utilizes Norco 10/325 mg 4 times a day, Neurontin 300 mg 4 times a day, Ultram 50 mg 4 times a day, and Cymbalta 30 mg every day. The provider documents the patient reports significant cervical spine pain complaints that are more severe and more radicular in nature. The provider documents the patient requires a surgical consultation for his cervical spine pain. The provider documented upon physical exam of the patient, the patient's reported rate of pain was at a 6/10. The provider documents right handed grip weakness compared to the left. The provider reported the patient does present after a stellate ganglion block improved. The provider administered the following medications, Norco 10/325 mg, Neurontin, Ultram, Elavil, and Cymbalta. The provider recommended the patient undergo epidural steroid injections for both the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30 with 5 refills: 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 is not supported. The request is indicative of Cymbalta 30 mg #30 with 5 refills. Without documentation of continual reports of efficacy as noted by decrease in rate of pain, symptomatology of depression, and increase in objective functionality, the current request cannot be supported. The clinical notes evidence the patient previously had discontinued use of Cymbalta due to ineffectiveness. California MTUS indicates Cymbalta is a first line treatment option for neuropathic pain. However, given all of the above, the request for Cymbalta 300 mg #30 with 5 refills is not medically necessary or appropriate.

Elavil 25mg #30: 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): 14.

Decision rationale: The current request is not supported. California MTUS indicates antidepressants are recommended as a first line option for neuropathic pain and as a possibility for nonneuropathic pain. The clinical notes fail to document the patient's reports of efficacy with this medication, as noted by a decrease in rate of pain on a Visual Analog Scale, increase in objective functionality, and decrease in depression symptomatology. Given all of the above, the request for Elavil 25 mg #30 is not medically necessary or appropriate.