

Case Number:	CM13-0052660		
Date Assigned:	12/30/2013	Date of Injury:	07/12/2011
Decision Date:	03/14/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/15/2013

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 Family Practice, 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 59-year-old female who reported an injury on 07/12/2011, which she attributed to lifting a paraplegic patient in addition to cumulative trauma, which reportedly caused injury to multiple body parts. Previous treatments have included physical therapy and psychiatric support. However, the patient's chronic pain has primarily been treated with medications to include Norco, Cymbalta, and Norflex. The patient's most recent clinical evaluations revealed the patient had 7/10 to 8/10 low back pain, 5/10 neck pain, and 8/10 mid-back pain with tenderness to palpation along the entire spinal musculature with numbness in the bilateral upper and lower extremities. The patient's diagnoses included cervical, lumbar, and thoracic degenerative disc disease. The patient's treatment plan included an epidural steroid injection and an increase in medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #30 (modified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-16, 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Medications for Chronic Pain and Antidepressants for chronic pain Page(s): 60, 13.

Decision rationale: The requested Cymbalta 60 mg #30 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the employee has been on this medication for an extended duration. The MTUS guidelines recommend antidepressants as a first-line treatment in the management of chronic pain. However, the MTUS guidelines also recommend that medications used in the management of the patient's chronic pain be supported by documentation of symptom response and functional benefit. The clinical documentation submitted for review does not provide any evidence that the employee is receiving pain relief from medication usage, or that there is any functional benefit related to the employee's medication schedule. Therefore, continuation of Cymbalta would not be indicated. As such, the requested Cymbalta 60 mg #30 is not medically necessary or appropriate.

Norflex 10 mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Relaxants Page(s): 64.

Decision rationale: The requested Norflex 10 mg #40 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the employee has been on this medication for an extended duration of time. The MTUS guidelines do not recommend the use of muscle relaxants for extended durations. These types of medications are only recommended for short courses of treatment. As the employee has been on this medication for an extended duration and it is noted within the documentation that the employee's medications are not effectively controlling the employee's pain, continued use would not be indicated. As such, the requested Norflex 10 mg #40 is not medically necessary or appropriate.