

Case Number:	CM13-0061216		
Date Assigned:	12/30/2013	Date of Injury:	09/19/2000
Decision Date:	04/07/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/04/2013

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 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 61-year-old female who reported injury on 09/19/2000. The mechanism of injury was noted to be a slip and fall. The patient had a left knee meniscectomy in 1995 and multiple right knee surgeries from 2001 through 2006. The patient had a left arthroscopic surgery in 2010. The patient's medication history included opiates for greater than 1 year and Cymbalta for greater than 6 months. The patient's diagnoses were noted to include joint pain in the lower leg and chronic pain syndrome. The documentation of 09/18/2013 revealed the patient was going to decrease the Cymbalta to 30 mg 1 capsule daily and then discontinue and it was indicated the patient was given 21 samples and when completed the patient could stop the Cymbalta. The documentation dated 11/13/2013 revealed that the patient found the Cymbalta helped the depression and right leg pain. The patient brought their medication in for a medication count. The patient had signed a narcotic agreement and was in compliance. It was indicated the medications were helping the patient to stay active. Request was made for a refill of Norco tablets 10/325 and continuation of Cymbalta 30 mg twice a day #60 refill x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tablets of Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications Chronic Pain; Ongoing Management Page(s): 60; 78.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate the patient had an objective decrease in the VAS score with the medication and failed to indicate the patient had an objective improvement in function. There was evidence the patient was being monitored for aberrant drug behavior and side effects. The patient was noted to be taking the medication for greater than 1 year. Given the above, and the lack of documentation, the request for 120 tablets of Norco 10/325 mg is not medically necessary.

60 Capsules of Cymbalta 30mg with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines indicate that antidepressants are appropriate as a first line medication for the treatment of neuropathic pain. There should be documentation of objective functional improvement for continuation on the medication. The clinical documentation submitted for review failed to indicate the patient had documentation of objective functional improvement as the patient was noted to be on the Cymbalta for greater than 6 months. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for 60 capsules of Cymbalta 30 mg with 2 refills is not medically necessary.