

Case Number:	CM13-0061584		
Date Assigned:	12/30/2013	Date of Injury:	09/19/2008
Decision Date:	04/11/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 expert 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 53-year-old male who reported an injury on 09/19/2008. His diagnosis includes cervical disc bulge. The 10/03/2013 clinic note reported headaches rated at 5/10 to 7/10 and neck pain rated at 5/10. His current medications include Norco, Clonazepam, ThermoCare patches, Butrans patch, Cymbalta, and Lunesta. No abnormal findings were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

METAXALONE 800MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone Skelaxin Page(s): 61.

Decision rationale: California MTUS recommends the use of Skelaxin as a second-line option for short-term pain relief in patients with chronic low back pain. The documentation submitted did not provide evidence of failed outcomes from first-line therapies or efficacy for pain relief from his use of the Skelaxin. As such, the request is non-certified.

CYMBALTA 60MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: California MTUS recommends antidepressants as a first-line option for neuropathic pain and possibly for non-neuropathic pain. Assessment of treatment should include ongoing assessment of pain outcomes and functional improvements. The documentation submitted for review did not provide evidence of the above and therefore, does not meet guideline requirements. As such, the request is non-certified.