

Case Number:	CM13-0061990		
Date Assigned:	12/30/2013	Date of Injury:	02/09/2004
Decision Date:	05/16/2014	UR Denial Date:	11/29/2013
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 Interventional Spine 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 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 59-year-old female with a date of injury of 02/09/2004. The listed diagnoses per [REDACTED] are: 1) Chronic pain syndrome, 2) Encounter for other and unspecified procedures and aftercare, encounter long-term current drug use and long-term current use of other medication, 3) Drug dependence, and opiate type dependence. According to report dated 12/17/2013 by [REDACTED], the patient presents with chronic low back and neck pain. Patient states her pain radiates to bilateral legs. The pain is constant and sharp shooting. Pain level without medication would be 10/10. Pain with medication is noted as 7/10. The patient's current pain level is 6/10. Current medication regimen includes Cymbalta 30 mg, Gabapentin 300 mg, and Omeprazole 40 mg. The patient is currently receiving 40% pain relief with current medication. Functional improvement in her ADLs include: able to do chores, clean dishes, and walk for longer distance. Physical examination revealed 5/5 strength bilateral lower extremities and positive SLR bilaterally 30 to 40 degrees. There was palpable spasm bilaterally located at the lumbar paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 30MG, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta® (duloxetine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 16-17.

Decision rationale: This patient presents with continued neck and low back complaints. The treater is requesting a refill of Cymbalta 30 mg #30. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy." The patient is prescribed Cymbalta for his neuropathic pain. In this case, the patient meets the indication for the medication and the treater notes a decrease in pain using a numerical scale and describes specific functional improvement with ADLs. The request for Cymbalta is medically necessary.

OMEPRAZOLE 40MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: This patient presents with continued complaints of neck and low back pain. The treater is requesting Omeprazole 40 mg #30 for "GI upset with medications." The MTUS Guidelines states Omeprazole recommended with precautions as indicated below: 1) Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 2) Determine if the patient is at risk for gastrointestinal events 3) age is greater than 65 years, 4) history of peptic ulcer, GI bleeding, or perforation. 5) concurrent use of ASA, corticosteroids and/or an anticoagulant or for high dose/multiple NSAID. In this case, review of reports from 08/30/2013 to 11/18/2013 does not mention any gastric irritation or peptic ulcer history, no concurrent use of ASA, etc. In addition, the patient is not noted to be taking any NSAIDs. The requested Prilosec is not medically necessary.