

Case Number:	CM13-0065290		
Date Assigned:	02/11/2014	Date of Injury:	07/18/2007
Decision Date:	05/20/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/13/2013

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 Occupational Medicine, 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 an employee of [REDACTED] and has submitted a claim for knee and ankle pain with an industrial injury date of July 18, 2007. Treatment to date has included physical therapy, an ankle brace, right knee injection, ankle surgery, psychotherapy, and medications, including Cymbalta 60mg since November 2012, reduced to 30 mg a day since November 2013; Valium 5mg twice a day as needed since December 2012, increased to 1 tablet three times a day since November 2013, and Wellbutrin XL 150mg at bedtime since October 2013. Medical records from 2012-2013 were reviewed, which showed that the patient complained of knee and ankle pain. She was also being treated for depression and anxiety. She was discharged from a psychiatric hospital following a suicide attempt; she overdosed herself with Cymbalta and is thus being weaned off the drug. On physical examination, the patient was obese and had a BMI of 45.1. She was oriented, and had normal attention span and concentration. Gait was antalgic on the right; she used a cane for ambulation. The right knee was tender, but no swelling was noted. Motor strength was normal. Sensation was decreased on the right lateral aspect of the knee. Deep tendon reflexes were symmetrical.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 30MG: Upheld

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

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

Decision rationale: According to pages 15-16 of the Chronic Pain Medical Treatment Guidelines, duloxetine (Cymbalta) is approved for anxiety, depression, diabetic neuropathy, and fibromyalgia, and is used off-label for neuropathic pain and radiculopathy. In this case, the patient attempted suicide with an overdose of Cymbalta, and the decision was to wean the patient off the drug. The medical records indicated that weaning started on November 2013. With the patient's chronic complaints, Cymbalta therapy may be indicated. However, the request does not specify the quantity to be dispensed. Therefore, the request for Cymbalta 30mg is not medically necessary.

WELLBUTRIN XL 300MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

Decision rationale: According to pages 13-14 of the Chronic Pain Medical Treatment Guidelines, antidepressants are recommended as a first line option for depression as well as neuropathic pain. In this case, the patient had a prior suicide attempt and may benefit from antidepressants. With the patient's chronic complaints, Wellbutrin therapy may be indicated. However, the request does not specify the quantity to be dispensed. Therefore, the request for Wellbutrin XL 300mg is not medically necessary.

VALIUM 5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: According to page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit its use to four weeks. In this case, the patient has been on Valium since December 2012 (17 months to date). There is sparse evidence of specific functional improvement. Given the patient's chronic complaints, Valium therapy may be indicated. However, a specific quantity to be dispensed was not indicated. Therefore, the request for Valium 5mg is not medically necessary.