

Case Number:	CM14-0002127		
Date Assigned:	01/24/2014	Date of Injury:	02/19/2004
Decision Date:	06/11/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopedic Surgery, has a subspecialty in Fellowship Trained Spine Surgery 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 injured worker is a 37 year old female injured on 02/19/04 as a result of repetitive lifting, pushing, and pulling of heavy items. Current diagnoses included lumbar spondylosis. Clinical note dated 10/25/13 indicated the injured worker reported increased low back pain. The injured worker reported increased burning pain in the right buttock and thigh. The injured worker reported experiencing pain down the right lower extremity to the foot. Physical examination revealed antalgic gait, positive lumbar bracing uncomfortable, decreased sensation in right L4-S1 dermatome positive lumbar tenderness, very tender to the right greater trochanteric, lateral hip difficult to determine secondary to pain. Medications included Cymbalta, Duexis, and ThermaCare wraps. The initial request for Cymbalta 60mg quantity 30 times two, ThermaCare wraps quantity five, and Duexis one quantity 90 was initially non-certified on 12/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 60 MG QTY: 30.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DULOXETINE Page(s): 44.

Decision rationale: As noted on page 44 of the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta®) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression and generalized anxiety disorder. The clinical documentation establishes the presence of objective findings consistent with neuropathy. As such, the continued use of Cymbalta 60 MG QTY: 30.00 is appropriate and medically necessary.

CYMBALTA 60 MG QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, DULOXETINE Page(s): 44.

Decision rationale: As noted on page 44 of the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta®) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression and generalized anxiety disorder. The clinical documentation establishes the presence of objective findings consistent with neuropathy. As such, the continued use of Cymbalta 60 MG QTY: 30.00 is appropriate and medically necessary.

THERMACARE WRAPS QTY: 5.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the American College of Occupational and Environmental Medicine (ACOEM), there are many forms of heat therapy for treatment of LBP. These include hot packs, moist hot packs, sauna, warm baths, infrared, diathermy, and ultrasound. The depth of penetration of heat is minimal for local convective means, but the other modalities have deeper penetration. A particular methodological problem with most of these studies is that, despite occasional attempts at and claims of successful blinding, it is essentially impossible to blind the injured worker from these interventions as they produce noticeable, perceptible tissue warming. Not surprisingly, some of these heat-related modalities have been shown to reduce pain ratings more than placebo (see below), it is less clear whether there are meaningful long-term benefits. Moreover, Thermacare wraps are available over-the-counter. As such, the request for Thermacare Wraps qty: 5.00 is not medically necessary.

DUEXIS 1 QTY: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Duexis (Ibuprofen & Famotidine).

Decision rationale: As noted in the current Official Disability Guidelines - Online version, Duexis® (ibuprofen & famotidine) is not recommended as a first-line drug. Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. As such, the request for Duexis 1 QTY: 90.00 is not medically necessary.