

Case Number:	CM14-0004551		
Date Assigned:	02/05/2014	Date of Injury:	10/28/2005
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 50 year old male who reported an injury on 10/28/2005. On 12/10/2013 the injured worker had a follow-up evaluation status post lumbar epidural steroid injection on 11/19/2013. The injured worker complained of low back pain that was described as aching, burning, stabbing, and throbbing with numbness that shot down both legs. He rated the pain at 8/10. The spinal exam revealed pain with Valsalva, pain to palpation over the L4-L5 and L5- S1, straight leg raise test is positive right side at 45 degrees and positive with pain radiating to the right buttocks, post thigh, medial leg, lateral leg, posterior calf, heel and foot. The treatment plan is for physical therapy, lumbar epidural steroid injection, Butrans, Cymbalta and Neurontin. A State of California Division of Workers Compensation Request for Authorization for Medical Treatment was furnished with this review and dated 8/28/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA DR 30 MG CAP (UNSPECIFIED QUANTITY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Cymbalta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants SNRIS Page(s): 51.

Decision rationale: The request for Cymbalta DR 30mg cap (unspecified quantity) is not medically necessary. The California MTUS Guidelines Chronic Pain Medical Treatment Guidelines recommend Cymbalta for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy. The injured worker has lumbar radiculopathy pain and the guidelines do not have enough evidence to support Cymbalta for this type of pain. Also the request does not include a quantity. As such, the request is not medically necessary.

NEURONTIN 600 MG TAB (UNSPECIFIED QUANTITY): Upheld

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

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

Decision rationale: The request for Neurontin 600mg tab (unspecified quantity) is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state Neurontin has been shown to be effective for treatment of neuropathic pain, the guidelines indicate that a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. The injured workers' physical examination documented pain rated at 8/10 with use of the Neurontin. This response is not "good" according to the guidelines. Also the request for Neurontin does not include a quantity; therefore the request is not medically necessary.