

Case Number:	CM14-0005741		
Date Assigned:	01/22/2014	Date of Injury:	12/06/2007
Decision Date:	06/13/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports 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 injured worker is 64-year-old with a reported date of injury on December 6, 2007. The injury reportedly occurred when the injured worker tripped on a rug. The injured worker underwent left knee surgery, for a torn meniscus, date not available in the documentation provided. The injured worker complained of sciatica pain that has been unchanged. According to the clinical note dated December 13, 2013, the physician noted that the utilization of Cymbalta had been "mildly" helpful for the injured worker. The clinical note dated January 9, 2014, stated that the injured worker's emotional wellbeing had "gotten worse". The injured worker's medication regimen included Cymbalta, Percocet and Klonopin. The request for authorization for Cymbalta 60mg #30 and Percocet 10/325mg #90 was submitted on January 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 60MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 13,43. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DULOXETINE (CYMBALTA), 13, 43

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend cymbalta as an option in first-line treatment option in neuropathic pain. Cymbalta has FDA approval for treatment of depression, generalized anxiety disorder and for the treatment of pain related to diabetic neuropathy. In addition, tricyclics are generally considered first-line agents unless they are ineffective, poorly tolerated or contraindicated. Although the clinical documentation stated the injured worker suffered from CRPS, there was a lack of documentation as to functional deficits. Furthermore, the clinical note dated December 13, 2013 stated that Cymbalta has been "mildly" helpful and the clinical note dated January 9, 2013 stated that the injured workers emotional state was worse. The request for Cymbalta 60mg, thirty count, is not medically necessary or appropriate.

PERCOCET 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of opioids with ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation for the clinical use of Opioids. In addition, the use of drug screening should be utilized with issues of abuse, addiction or poor pain control. The clinical information provided for review lacks documentation of functional improvement related to the utilization of percocet. According to the clinical note date January 9, 2014, the physician noted that the injured worker could not work without the use of Cymbalta and Percocet. The clinical information provided for review lacked clear objective documentation as to the functional deficits being improved by utilizing percocet. The request for Percocet 10/325mg, ninety count, is not medically necessary or appropriate.