

Case Number:	CM14-0008038		
Date Assigned:	02/07/2014	Date of Injury:	03/01/2003
Decision Date:	07/07/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/17/2014

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 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:

This is a 67-year-old female patient with a 3/1/03 date of injury due to repetitive data entry. A 9/15/11 progress report indicated that the patient suffered an adjustment disorder with anxious and depressed mood secondary to her physical pain difficulties and also suffers from a somatoform pain disorder. A 12/1/13 progress report indicated that the patient still complained of neck and bilateral wrist pain rated 10/10. Physical exam demonstrated decreased painful ROM, 70%, positive myospasm noted. She was diagnosed with cervical disc degeneration, carpal tunnel syndrome. The patient taking Cymbalta and Lyrica since 2010. Treatment to date: Cymbalta 30mg # 60, Lyrica 75mg #90 Vicoprofen 7.5/200 mg #120. There is documentation of a previous 1/7/14 adverse determination, based on the fact that there was no documentation to support the necessity of continued use of Lyrica and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 75MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

Decision rationale: MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. The patient presented with pain in the neck and bilateral wrists. She was taking Lyrica since 2010. However, there was no ongoing assessment of efficacy. In addition, there was no indication correlates of objective functional improvement attributed to such therapy. Therefore, the request for LYRICA 75MG, #30 was not medically necessary.

CYMBALTA 30MG, #30: Upheld

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

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

Decision rationale: CA MTUS states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. The patient presented with pain in the neck and bilateral wrists. She was on Cymbalta since 2010. However, there was no ongoing assessment of efficacy. In addition, there was no indication correlates of objective functional improvement attributed to such therapy. Therefore, the request for CYMBALTA 30MG, #30 was not medically necessary.