

Case Number:	CM14-0104758		
Date Assigned:	07/30/2014	Date of Injury:	10/08/2001
Decision Date:	09/26/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 52-year-old female with a date of injury of 10/08/2001. The listed diagnoses are postlaminectomy syndrome, cervical region, reaction to lumbar puncture, and opioid dependence, continuous. According to progress report 02/26/2014, the patient presents for medication management and followup. Patient states she has ongoing upper extremity symptoms. On examination, there was tendinitis noted in her left hand as well as symptoms of carpal tunnel syndrome. The patient states she has shooting pain from her neck down into her upper extremities consistent with the C4-C5 level. The patient utilizes medications and Lyrica seems to offer the best result for her radicular symptoms. The Utilization review denied the request on 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 Mg #30 with 3 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta SNRIs Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta, Duloxetine (Cymbalta) Page(s): 16, 17; 43, 44.

Decision rationale: For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." Review of the medical file indicates the patient has been prescribed this medication since at least 01/24/2014. The treating physician states the patient reports analgesia from medications and increased activities of daily living. In this case, the treating physician continually notes the patient receives decrease in pain and increase in functional improvement with current medication regimen, which includes Cymbalta. Therefore, the request for Cymbalta 60 mg #30 with three refills is medically necessary and appropriate.

Lyrica 75mg #60 with 3 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

Decision rationale: The MTUS guidelines has the following regarding Pregabalin (Lyrica) "Pregabalin (Lyrica no generic available) 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. Review of the medical file indicates the patient has been prescribed Lyrica since 01/24/2014. The treating physician states that Lyrica specifically helps with patient's continued neuropathic pain. Report 02/26/2014 notes, "Lyrica seemed to offer the best result for the radicular component of her symptoms." Given this patient's radicular symptoms and efficacy of this medication, the request for Lyrica 75 mg #60 with three refills is medically necessary and appropriate.