MAXIMUS Federal Services

Case Number:	CM14-0109691		
Date Assigned:	08/01/2014	Date of Injury:	09/29/1988
Decision Date:	08/29/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/14/2014

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 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 a 65-year-old male who reported an injury on 09/29/1988 from an unknown cause of injury. The injured worker had a history of lower back and radiating lower extermity pain with spasms. The injured worker had a diagnoses of degeneration of the lumbar and lumbosacral intervertebral disc, displacement of the lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis and long term use of medications. The diagnostics included an epidural steroid injection at the lumbar region, no result was provided. The medications included Norco 10mg/325mg and Cymbalta 30mg. Per the clinical note dated 02/20/2013, the objective findings to the lumbar spine revealed flexion within normal limits, extension at 10 degrees, and strength within normal limits. The reported pain was a 7/10 to the back region. The treatment plan was to continue with medication. The request for authorization dated 09/05/2013 was submitted with documentation. The rationale for the Cymbalta and the Norco, maintain the pain level.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325 mg # 25: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 426.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Pain Management Page(s): 78.

Decision rationale: The request for Norco 10/325mg, #25 is non-certified. The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Per the clinical note provided, the objective findings revealed minimal abnormalities. Per the clinical note, it was not evident that the use of the Norco has increased his functional deficits or the efficacy of the medication. The request did not address frequency. As such, the request is non-certified.

1 prescription for Cymbalta 60mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (CHRONIC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific antidepressants: Selective serotonin and norepinephrine reuptake inhibitors (SNRI) Page(s): 15.

Decision rationale: The request for 1 prescription of Cymbalta 60mg, #30 is non-certified. Duloxetine is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence has been reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Per the guidelines, Duloxetine is used for anxiety, depression, and diabetic neuropathy, followed with fibromyalgia. There is no evidence to support that the Duloxetine should be used for lumbar radiculopathy. The request did not address the frequency. As such, the request is non-certified.