

Case Number:	CM14-0011632		
Date Assigned:	02/21/2014	Date of Injury:	04/21/1994
Decision Date:	07/18/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/29/2014

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, has a subspecialty in Pain Management 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 66-year-old male with a 04/21/1994 date of injury. A specific mechanism of injury was not described. 1/14/14 determination rendered a modified certification. Certification was provided for Percocet and Oxycontin, and a non-certification was issued for Cymbalta 30mg sample #3 1 by mouth(PO) for 7 days, then 2 by mouth(PO). Reasons for non-certification includes that only one medication should be changed at a time, and the provider was decreasing the patient's opioid medication. In addition to the patient already taking gabapentin for neuropathic pain. A progress report indicated that the patient continued with pain in the right knee and lower leg. He is limited due to pain and falls asleep during the day at times. He continues to use Oxycontin 2-3 every day (QD) and Percocet 3-4 daily for pain control. On exam revealed 1+ edema in the right lower extremity. Right knee was somewhat hyperpigmented. The range of motion was 40 degrees flexion on the right knee with crepitus and cracking. He had decreased sensation to touch on external aspect of the knee and decreased sensation on the internal aspect. It was noted that Cymbalta samples were given for pain control and the patient would require a prescription if effective. Oxycontin was to be continued and Percocet to be decreased 1 by mouth(PO) every (Q) 6 hours for breakthrough pain. Records indicate that the previous prescription of Percocet included 1 by mouth(PO) every (Q) 4-6 hours. Oxycontin had been also reduced from 20mg to 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 30MG SAMPLE #3, 1 BY MOUTH(PO) FOR 7 DAYS, THEN 2 BY MOUTH(PO): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants (For Chronic Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

Decision rationale: The patient has chronic neuropathic pain. The medications prescribed provide relief. It is noted that the provider was weaning the patient of opioid medications successfully. The Oxycontin had been reduced in strength and tapering was initiated for Percocet in frequency. The provider was proposing a trial of Cymbalta to help with pain control and he noted that a prescription would be issued only if there was efficacy noted from this medication. Considering this, it was appropriate to initiate a trial of Cymbalta to help with pain while the patient continued to decrease his opioid medication. Therefore, the request is medically necessary.