

Case Number:	CM14-0012398		
Date Assigned:	02/21/2014	Date of Injury:	10/26/2006
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 Neurological Surgery 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 51-year-old female injured on October 26, 2006. The records indicate there are ongoing complaints of low back pain, right lower extremity pain and a chronic pain situation has developed. The mechanism of injury is noted to be a fall from a ladder. Prior treatment has included epidural steroid injections, a lumbar fusion surgery and appropriate postsurgical rehabilitation efforts. It is determined that maximum medical improvement had been reached, and that there are ongoing complaints of low back pain and issues relative to sleep. The physical examination reported "essentially unchanged sensor at last office visit." It is noted the injured employee has been cleared to return to work in December, 2013. Numerous psychological evaluations and reevaluation are ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG #30 WITH 2 ADDITIONAL REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, updated June, 2014

Decision rationale: This non-benzodiazepine medication is indicated for short-term relief of sleep issues. This is not to be used indefinitely or for chronic use. Therefore, while noting that the ODG (MTUS or ACOEM do not address) supports this medication in short term use, there is no clinical indication for indefinite, long-term or chronic use. The request is not medically necessary.

CYMBALTA 60MG #30 WITH 2 ADDITIONAL REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, California Code of Regulations, Title 8. Effective Ju.

Decision rationale: Cymbalta is a selective serotonin and norepinephrine reuptake inhibitor. It is recommended as a first-line option for diabetic neuropathy under the Chronic Pain Medical Treatment Guidelines. Though increasing off label use of this medication exists for various pain syndromes, (anxiety, depression, diabetic neuropathy, and fibromyalgia), it is not noted that the claimant does not have any of these conditions. As such, there would be no clinical indication to support the continued, indefinite use of Cymbalta. Therefore, this request is not recommended as medically necessary. There was a reported radiculopathy, lumbar fusion surgery and there is no objectification of ongoing neuropathic lesion. The request is not medically necessary.