

Case Number:	CM14-0013365		
Date Assigned:	02/26/2014	Date of Injury:	03/01/2003
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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 Nevada. 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 67 year-old female was injured on March 01, 2003. A cumulative trauma injury is reported. This involved both the degenerative disc disease in the cervical spine and a carpal tunnel syndrome. The right carpal tunnel was surgically released in 2004. Degenerative changes are noted in the cervical spine. Opioid medications are also taken to address the pain complaints. Physical examination noted decreased range of motion. The records reflect the current diagnosis is degenerative disc disease of the cervical spine (722.4). It is noted that these medications were requested several times and had been not certified on multiple occasions. The most recent progress of presented for review is dated December 2013. It is noted there was an elevated blood urea nitrogen (BUN) level and a decreased Glomerular Filtration Rate (GFR).

IMR ISSUES, DECISIONS AND RATIONALES

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

30 CAPSULES OF LYRICA 75 MG BETWEEN 1/16/2014 AND 3/2/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Specific Anti-Epilepsy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 19-20/127.

Decision rationale: Lyrica (Pregabalin) is normally recommended for neuropathic pain conditions and fibromyalgia. While this is clearly not an acute pain situation, there is no objectification of either a diabetic neuropathy or post herpetic neuropathy as outlined in the Chronic Pain Medical Treatment Guidelines. Therefore, without objectification of a specific neuropathic lesion there is no clinical indication presented to support this request. As such, this is not supported and not medically necessary. There simply is no data demonstrating the efficacy or utility of this medication.

30 CAPSULES OF DULOXETINE 30 MG BETWEEN 1/16/2014 AND 3/2/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 20/127.

Decision rationale: Cymbalta (Duloxetine) is a selective serotonin and nor epinephrine reuptake inhibitor. It is recommended as a first-line option for diabetic neuropathy. Though increasing off label use of this medication exists for various pain syndromes, the current clinical indication is for anxiety, depression, diabetic neuropathy, and fibromyalgia. When noting that the record does not reflect that the patient has any of these conditions, then there would be no clinical indication to support the use of Cymbalta under the Chronic Pain Medical Treatment Guidelines. Furthermore, there is no reference in the last medical records reviewed to suggest any efficacy or utility. Based on this complete dearth of clinical information, there is insufficient data presented to support this request.