

Case Number:	CM14-0136743		
Date Assigned:	09/12/2014	Date of Injury:	06/02/1988
Decision Date:	10/09/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 51 year old male with a date of injury on 6/2/1988. Diagnoses include lumbar post laminectomy syndrome, and lumbar/thoracic radiculopathy. Subjective complaints are of ongoing low back pain, with burning, tingling, and radiation. Physical exam shows tender bilateral paravertebral muscles, decreased range of motion, and no sacroiliac joint tenderness or straight leg raise test. Neurological exam showed diminished patellar and Achilles reflexes, and normal strength and sensation. Prior treatment has included epidural/trigger/facet injections, exercise, physical therapy, medications and surgery. Medications include Cymbalta, Zanaflex, Norco, Neurontin, and Avinza.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of norco 7.5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy.

Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including urine drug screen, risk assessment, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

1 Prescription of cymbalta 60mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 14-16.

Decision rationale: CA MTUS recommends antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta is a SNRI antidepressant. CA MTUS states that SNRI's are approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It has off-label indications for neuropathic pain and radiculopathy. This patient is utilizing this medication for neuropathic pain. Therefore, the medical necessity for Cymbalta is established.