

Case Number:	CM14-0151545		
Date Assigned:	09/19/2014	Date of Injury:	05/20/2011
Decision Date:	10/22/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/17/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 49-year-old male with a 5/20/11 date of injury, and right open median nerve decompression and carpal tunnel release on 3/6/14. At the time (9/4/14) of request for authorization for Gabapentin 300mg #90 with 2 refills and Cymbalta 60mg #30 with 2 refills, there is documentation of subjective (upper back pain with numbness and tingling of the left hand and arm) and objective (decreased cervical range of motion, 4/5 strength in left triceps and left finger/wrist extensors, and positive left Spurling's sign) findings, current diagnoses (displacement of cervical intervertebral disc without myelopathy), and treatment to date (medications (including ongoing treatment with Norco and Gabapentin since at least 4/17/14 and Cymbalta since at least 7/10/14), epidural steroid injection, and physical therapy). Medical report identifies that medications enable the patient to move around. In addition, medical report identifies that Cymbalta is prescribed for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90 With 2 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug AEDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Other Medical

Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (Gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of displacement of cervical intervertebral disc without myelopathy. In addition, there is documentation of neuropathic pain and ongoing treatment with Gabapentin. Furthermore, given documentation that Gabapentin enables the patient to move around, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 300mg #90 with 2 refills is medically necessary.

Cymbalta 60mg #30 With 2 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Antidepressants for chronic pain

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy, as criteria necessary to support the medical necessity of Cymbalta. Within the medical information available for review, there is documentation of a diagnosis of displacement of cervical intervertebral disc without myelopathy. In addition, there is documentation of ongoing treatment with Cymbalta since 7/10/14. Furthermore, given documentation that Cymbalta is proscribed for depression, there is documentation of depression. Therefore, based on guidelines and a review of the evidence, the request for Cymbalta 60mg #30 with 2 refills is medically necessary.