

Case Number:	CM14-0153450		
Date Assigned:	09/23/2014	Date of Injury:	11/01/2004
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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, has a subspecialty in Pain Management, and is licensed to practice in California and Washington. 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 58-year-old who reported an injury on November 1, 2004. The injured worker reportedly sustained a lower back strain while vacuuming. The current diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, chronic pain syndrome, lumbar radiculopathy, myalgia and myositis, and lumbar facet joint pain. Previous conservative treatment was noted to include medication management, chiropractic therapy, and injections. The injured worker was evaluated on August 5, 2014. The physical examination revealed tenderness to palpation over the lumbar region and buttock area, limited lumbar range of motion, dysesthesia in the lower extremities, and guarding. The treatment recommendations at that time included continuation of the current medication regimen and home exercise program. A Request for Authorization form was then submitted on August 6, 2014 for Cymbalta 30 mg and Mobic 15 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine HCL DR 30 mg, sixty count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. The injured worker has utilized this medication since February of 2010. There was no documentation of objective functional improvement. There was also no frequency listed in the request. As such, the request for Duloxetine HCL DR 30 mg, sixty count with three refills, is not medically necessary or appropriate.

Mobic 15 mg, thirty count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There was no documentation of an acute exacerbation of chronic pain. There was also no frequency listed in the request. The Chronic Pain Medical Treatment Guidelines do not recommend long term use of NSAIDs. As such, the request for Mobic 15 mg, thirty count with three refills, is not medically necessary or appropriate.