

Case Number:	CM14-0020440		
Date Assigned:	04/30/2014	Date of Injury:	07/05/2012
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Family Practice, and is licensed to practice in California, Tennessee, and Virginia. 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 52 year old male injured on 07/05/12 when he fell approximately 10 feet landing on his back resulting in sudden onset of low back pain. The injured worker was initially treated with medication management and 24 chiropractic sessions with benefit. Current diagnoses included lumbar spine strain with imaging demonstrating L5-S1 spondylosis, spondylolisthesis, radiculopathy, L4-5 annular tear, and bilateral neural foraminal narrowing at L4-5. AME on 01/22/14 indicated the injured worker described constant mid, right, and left low back pain radiating to bilateral lower extremities as far distally as the knee on the right and to the foot on the left worsened by multiple activities and rated at 7/10. The injured worker also reported left lower extremity numbness and weakness. The injured worker requested to delay surgical intervention. Clinical note dated 04/10/14 indicated the injured worker reported attempts to utilize Percocet for pain resulting in pain control for approximately two to three hours but made him nauseated and resulted in depression and confusion. The injured worker reported waking up with the distal half of his body "asleep" and having to reposition himself to have return of sensation in his leg. Objective clinical findings included marked hypertonicity of the lumbar paraspinal muscles with extreme tenderness to palpation left mid lumbar spine, muscle strength 5/5, deep tendon reflexes 2/4 bilaterally. Left lower extremity weakness improved; however the injured worker was now experiencing nocturnal bilateral paresthesias. The injured worker was to have refill of Percocet 5/325mg one Q8 hours PRN. Previous request for Cymbalta 30mg #30 with three refills, Diazepam 10mg #60 with three refills, and one urine drug screen was initially non-certified on 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 30MG #30 WITH 3 REFILLS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
DULOXETINE Page(s): 44.

Decision rationale: As noted on page 44 of the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. The clinical documentation establishes the presence of objective findings consistent with neuropathy and a significant improvement in symptoms with the use of the medication. Additionally, the clinical documentation indicates the injured worker is reporting symptoms consistent with depression requiring treatment with an antidepressant. As such, the request for Cymbalta 30mg #30 with 3 refills is recommended as medically necessary.

DIAZEPAM 10MG #60 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
BENZODIAZEPINES Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic Benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker has exceeded the 4 week treatment window. As such, the request for Diazepam 10mg #60 with 3 refills cannot be recommended at this time. The request is not medically necessary and appropriate.

ONE URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: As noted on page 43 of the Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs. Additionally, they can be used to detect the presence of drug dependence or diversion. However, there is no indication in the documentation of suspicion of diversion, dependence, or the use of opioid medications. As such, the request for one urine drug screen cannot be recommended as medically necessary at this time. The request is not medically necessary and appropriate.