

Case Number:	CM14-0022815		
Date Assigned:	06/11/2014	Date of Injury:	07/31/2011
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/24/2014

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 Medicine and is licensed to practice in Minnesota. 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 45-year-old female who reported an injury on 07/31/2011. The mechanism of injury was not provided within the medical records. The Qualified Medical Evaluation dated 03/25/2014 indicated the injured worker reported pain in her lower lumbar region with radiculopathy in her left leg. The injured worker reported pain in her lower back rated at 9/10. The progress report dated 01/20/2014 indicated the injured worker reported low back and left leg pain with numbness of the left leg. The unofficial electrodiagnostic testing revealed L4-5 and L5-S1 disc protrusion with negative electrodiagnostic testing. The progress report dated 12/16/2013 indicated the injured worker reported low back and left leg pain with numbness of the left leg. The injured worker reported she did not want spine surgery in the near future; however, the possibility of additional lumbar epidural steroid injection was discussed. The injured worker reported she was hesitant to do the injection due to the injection did not help. The unofficial MRI dated 01/31/2014 revealed mild decrease in size of disc protrusion but no other significant interval change. The injured worker's prior treatments included diagnostic imaging, epidural injections, and medication management. The provider submitted request for glucosamine sulfate, gabapentin, and Cymbalta. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

GLUCOSAMINE SULFATE 500MG (TWO TABLETS TWICE A DAY): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: The request for glucosamine sulfate 500mg (two tablets twice a day) is non-certified. The California Chronic Pain Medical Treatment Guidelines recommend Glucosamine sulfate as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for arthritis or osteoarthritis. In addition, the request did not provide a quantity for the medication. Therefore, the request for glucosamine sulfate 500 mg (two tablets twice a day) is not medically necessary.

GABAPENTIN 600 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug Page(s): 18.

Decision rationale: The request for gabapentin 600 mg is non-certified. The California Chronic Pain Medical Treatment Guidelines states that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines state Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for diabetic neuropathy or postherpetic neuralgia. In addition, there was a lack of documentation of efficacy and functional improvement. Additionally, there is a lack of evidence in the documentation submitted of neuropathic pain. Furthermore, the request does not provide a frequency or quantity. Furthermore, the request did not provide a frequency or quantity for the medication. Therefore, the request for Gabapentin 600 mg is not medically necessary.

CYMBALTA 30 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressant Page(s): 15.

Decision rationale: The request for cymbalta 30 MG is non-certified. The California Chronic Pain Medical Treatment Guidelines state Cymbalta is FDA-approved for anxiety, depression,

diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. The guidelines also state Cymbalta is recommended as a first-line option for diabetic neuropathy. There is a lack of evidence of diabetic neuropathy, fibromyalgia, anxiety or radiculopathy in the documentation submitted. In addition, there is a lack of documentation of efficacy in functional improvement. Furthermore, the request does not provide a frequency or quantity for the medication. Therefore, the request for Cymbalta 30 mg is not medically necessary.