

Case Number:	CM14-0025540		
Date Assigned:	06/13/2014	Date of Injury:	04/24/2006
Decision Date:	07/15/2014	UR Denial Date:	02/15/2014
Priority:	Standard	Application Received:	02/28/2014

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 and is licensed to practice in Nevada. 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 34-year-old female who was reportedly injured on April 24, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 12, 2014, indicates that there are ongoing complaints of left ankle pain and low back pain. The injured employee stated that she has been out of her medications for four months despite a previous UR approval. Current medications would include Lexapro, Neurontin, and Norco. The physical examination demonstrated inability to bear weight on the left lower extremity. There was decreased lumbar spine range of motion and trigger points at the L5 level along with muscle spasms. The physical examination of the left ankle noted swelling and a dusky color. There was decreased left ankle range of motion and allodynia. There was a diagnosis of an ankle sprain/strain, lumbar disc degeneration, reflex sympathetic dystrophy, closed ankle fracture, and a history of an ankle arthroscopy. Physical therapy as well as aquatic therapy was recommended as well as refills of Norco, Cymbalta, and Lunesta. A functional rehabilitation program was stated to be pending. A request was made for Norco, Lunesta, and Cymbalta and was not certified in the pre-authorization process on February 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Opioids, when to discontinue Page(s): 79.

Decision rationale: Despite the injured employee being out of medications for the past four months, there was quite a long history of use of Norco. Other prior progress notes also indicate that the injured employee was not taking her medications as prescribed and others state that they were not helping her left ankle pain. Considering that there has been inconsistent usage of Norco as well as failure of it to provide significant benefit to include decreased pain control, and increased ability to function, this request for Norco is not medically necessary.

LUNESTA 3MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Lunesta, Updated June 12, 2014.

Decision rationale: Lunesta is a medication designed for use for insomnia. According to the medical record provided, the injured employee complained of poor sleep on multiple visits despite taking Lunesta at that time. While this medication may have initially been beneficial, the more recent visits indicate that Lunesta has not been helping to provide quality sleep. Therefore this request for Lunesta is not medically necessary.

CYMBALTA 60MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Antidepressants for chronic pain Page(s): 13.

Decision rationale: Cymbalta is an antidepressant indicated for help with neuropathic pain. The injured employee had previously been on Cymbalta and was switched to Lexapro. This transition to Lexapro was reported to be due to decreased efficacy of Cymbalta. It is unclear why another prescription for Cymbalta is recommended at this time. Without specific justification for returning to this medication, this request for Cymbalta is not medically necessary.