

Case Number:	CM14-0028132		
Date Assigned:	06/13/2014	Date of Injury:	03/11/2005
Decision Date:	07/16/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/05/2014

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 Medicine and is licensed to practice in Arizona. 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:

Patient is a 50 year old female with a date of injury on 3/11/2005. Diagnoses include cervical facet syndrome, neck pain, spinal degenerative disc disease, occipital neuralgia, and radiculopathy. Subjective complaints are of neck and low back pain. Physical exam shows intact upper extremity motor strength, and lower extremity weakness of the left EHL and left ankle plantar flexor, and weakness of the right ankle, and bilateral knee flexors and extensors. Sensation was normal. Medications include, Celebrex, Norco, Cymbalta, Zanaflex, Lidoderm patch, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 LIDODERM 5% PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM Page(s): 56.

Decision rationale: CA MTUS recommends Lidoderm as a second line treatment for localized peripheral pain after there has been evidence of first line therapy treatment failure. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than

post-herpetic neuralgia. The submitted documentation does not provide evidence for post-herpetic neuralgia or for localized peripheral pain. Therefore, the request of Lidoderm 5% patches #30 is not medically necessary and appropriate

60 CAPSULES OF CYMBALTA 60MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 15. Decision based on Non-MTUS Citation I am reversing the prior UR decision. My decision is that the issue listed above IS medically necessary. The reasons for reversing the prior UR decision are listed in the rationale below.

Decision rationale: The CA MTUS identifies approval of cymbalta for treatment of anxiety and depression, with off label use for neuropathic pain and radiculopathy. The ODG recommends cymbalta as an option in first-line treatment of neuropathic pain. ODG also states an FDA panel concluded that Cymbalta was effective in treating chronic low back pain, and they voted in favor to broaden the indication to include the treatment of chronic pain. This patient has ongoing neuropathic pain. The submitted records acknowledge improvement with the cymbalta. Therefore, the request for Cymbalta 60mg #60 is medically necessary.