MAXIMUS Federal Services

Case Number:	CM14-0028614		
Date Assigned:	06/16/2014	Date of Injury:	09/13/2003
Decision Date:	08/13/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/06/2014

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 & Rehabilitation, and is licensed to practice in California. 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 47-year-old female who reported an injury on 09/12/2003. The mechanism of injury was not provided. On 04/24/2014, the injured worker presented with neuropathic pain with radiculopathy from her low back radiating to her left leg. Upon examination, there was no evidence of gross agitation or psychomotor retardation; the injured worker was less depressed and had an appropriate affect. Prior treatment included Norco, Cymbalta, and a Fentanyl patch. There was no diagnosis listed. The provider recommended Cymbalta and Valium; the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 60 MG QUANTITY 60 WITH 4 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), page(s) 43 Page(s): 43.

Decision rationale: The request for Cymbalta 60 mg with a quantity of 60 and 4 refills is not medically necessary. The California MTUS Guidelines recommend Cymbalta as an option in

first line treatment for neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use with other analgesic medication, state quality and duration, and psychological assessment. There is not enough evidence of an objective assessment of the injured worker's pain level. Furthermore, there is not enough documented evidence of efficacy of the injured worker's medications and an adequate examination of the injured worker's pain level and functional status. The frequency of the medication was not provided in the request as submitted. Therefore, the request is not medically necessary.

VALIUM 5 MG QUANTITY 90 WITH FOUR 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: The request for Valium 5 mg with a quantity of 90 a four refills is not medically necessary. The guidelines do not recommend the use of benzodiazepines for long-term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use for 4 weeks. The injured worker's prescription of Valium with a quantity of 90 and 4 refills exceeds the guidelines recommendation for short-term therapy. There was not enough efficacy of the medication documented to support continued use and the frequency of the medication was not submitted in the request. Therefore, the request is not medically necessary.