

Case Number:	CM14-0030499		
Date Assigned:	06/20/2014	Date of Injury:	06/06/2012
Decision Date:	09/17/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/10/2014

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, Pain Medicine and is licensed to practice in Texas and Ohio. 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 57-year-old female who reported an injury on 06/06/2012. The mechanism of injury was not provided within the documentation submitted for review. Her diagnosis was noted to be low back pain. She was noted to have prior treatments of medication and steroid injections. Diagnostics were noted to be x-rays and an MRI. Her subjective complaints were noted in a clinical evaluation 02/13/2014. She noted low back pain and a severity of 7 and 8 on a scale of 1 to 10, with 10 being the worst. Her back pain was described as aching, burning, sharp, stabbing, throbbing, stiffness, spasms, shocks, and stinging. Back pain was located in the lumbar area, sacroiliac area with right leg, left leg, and mid back pain as well. She indicated back extension worsens condition, and back flexion worsens condition as well. The objective examination of the lumbar spine revealed positive pelvic thrust on the left, pain with Valsalva bilaterally, and positive facet capsules and sacroiliac joint left pain with rotational extension indicative of facet capsular tears, secondary myofascial pain with triggering and positive stork test lift. The treatment plan is for trigger point injections and medications. The provider's rationale for the request was within the treatment plan. A Request for Authorization form was not provided within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: The request for Cymbalta 30mg #30 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend Cymbalta as an option in first line treatment for neuropathic pain. The assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and psychological assessment. There is a lack of evidence in the objective assessment of the injured worker's pain level. Furthermore, there is a lack of documented evidence of efficacy of the injured worker's medications. In addition, the provider's request fails to indicate a frequency for the medication. As such, the request for Cymbalta 30mg #30 is not medically necessary.

Omeprazole 20mg #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-procedure summary (last updated 01/07/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Omeprazole 20mg #30 is not medically necessary. California MTUS Chronic Pain Medical Treatment Guidelines recommend a proton pump inhibitor when use of NSAIDs creates GI symptoms and cardiovascular risk. The injured worker's objective evaluation did not note an intermediate or high risk for gastrointestinal events. It also did not indicate efficacy with prior proton pump inhibitor treatment. In addition, the provider's request failed to indicate a dosage and frequency. As such, the request for Omeprazole 20mg #30 is not medically necessary.