MAXIMUS Federal Services

Case Number:	CM14-0037132		
Date Assigned:	06/25/2014	Date of Injury:	10/20/1970
Decision Date:	09/05/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/27/2014

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 Texas. 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 39 year old female who had a work related injury on 05/10/01. There was no mechanism of injury documented. Most recent progress note was dated 06/16/14. The injured worker was in the office for evaluation of knee, thoracic, and lumbar pain. Pain was described as an aching nerve pain, light muscle pain, stiff muscle pain, sharp joint pain with weightbearing, and was constant with pain radiating into bilateral legs. With treatment medications the patient could perform bathing, dressing, preparing food, cleaning the house with breaks. Pain scale with medication was 4/10 and 10 without. When taking pain medications it helps for five hours. The pain medications caused other side effects as the injured complains it burns her stomach. Current medication was Tramadol 50mg tablets, one tablet every six hours. Lidoderm patch one patch topical every 12 hours, Cymbalta 30mg one capsule daily, Mobic 15mg tablets one tablet daily, Cymbalta 60mg one capsule daily, Cyclobenzaprine 10mg tablets one, three times daily and Neurontin 300mg one capsule three times daily. Urine drug screens were appropriate. Physical examination reveals lumbar spine range of motion was abnormal at 45 degrees of true flexion, 15 degrees of extension and right lateral flexion and left lateral flexion, 20 degrees of right rotation and left rotation. The patient had pain with thoracic spine range of motion testing. Reflexes were 2+ and symmetrical in lower extremities and negative Babinski and clonus. Sensation was intact in lower extremities. Strength was rated 5/5 to manual motor testing in lower extremities. There was no tenderness to palpation over the lumbar paraspinals or facet joints or sacroiliac joints. There was tenderness to palpation over the thoracic paraspinals. Gait was abnormal. The patient was able to walk on heels and toes. Right knee examination there was appreciable effusion or Baker cyst. Testing in the supine position revealed appreciable joint effusion. Compression of the patella did not reproduce the symptoms. Lachman and McMurray and drawer signs were negative. Valgus stress stretch revealed no

laxity. Varus stress revealed laxity. There was tenderness to palpation at medial and lateral joint lines. There was good patellar tracking. Left knee examination testing in the supine position revealed appreciable joint effusion. Compression of the patella did not reproduce the symptoms. Lachman and McMurray and drawer signs were negative. Valgus and varus stress revealed laxity. There was tenderness to palpation at medial and lateral joint lines. Good patellar tracking. Diagnosis was lumbar degenerative disc disease, Lumbar radiculopathy and Osteoarthritis of knee. Request was for cyclobenzaprine 10mg, Cymbalta 60mg, Tramadol 50mg, Gabapentin 100mg, Cymbalta (increased from 30 to 60mg) and Gabapentin. No specific amount was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, muscle relaxants for pain.

Decision rationale: The request for Cyclobenzaprine 10mg is not medically necessary. the clinical documentation and current evidence based guidelines do not support the request. Cyclobenzaprine, is recommended as an option, using a short course of therapy for two to four weeks. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. There is not a specific amount requested. Therefore medical necessity has not been established.

Cymbalta 60mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duloxetine (CymbaltaÂ®).

Decision rationale: The request Cymbalta 60mg is medically necessary. The injured worker is being treated for depression. It is Food and Drug Administration (FDA) approved for treatment of depression and generalized anxiety disorder. The starting dose is 20-60 mg/day, and no advantage has been found by increasing the dose to twice a day, except in fibromyalgia. The medication has been found to be effective for treating fibromyalgia in women with and without depression, 60 mg once or twice daily. As such, medical necessity has been established.

Tramadol 50mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tramadol.

Decision rationale: The request for Tramadol 50mg is medically necessary. The clinical documentation submitted for review does support the request. There is functional improvement, as well as documented decrease in pain. Pain scale with medication was 4/10 and 10 without. She has had UDS which were consistent with prescribed medications. Therefore, medical necessity has been established.

Gabapentin 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Gabapentin (Neurontin).

Decision rationale: The request Gabapentin 100mg is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do no support the request. Gabapentin is recommended for neuropathic pain. Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is no documentation submitted that suggests that the injured worker has neuropathic symptoms. As such, medical necessity has not been established.

Cymbalta (increase from 30mg to 60mg): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duloxetine (CymbaltaÂ®).

Decision rationale: The request for Cymbalta (increase from 30mg to 60mg), is medically necessary. The recommended dose is 60 mg daily. The FDA approves Cymbalta for treatment of depression, generalized anxiety disorder. Therefore medical necessity has been established.

Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Gabapentin (Neurontin).

Decision rationale: The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. Gabapentin is recommended for neuropathic pain. Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is no documentation submitted that suggests that the injured worker has neuropathic symptoms. No specific amount was requested, as such, medical necessity has not been established.