

Case Number:	CM14-0041927		
Date Assigned:	06/30/2014	Date of Injury:	09/28/2001
Decision Date:	08/21/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine 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:

This is a 58-year-old male with a 9/28/01 date of injury. The mechanism of injury was not noted. According to a 2/19/14 neurology progress note, the patient complained of having very significant neck pain. Objective findings on neurological examination: normal mental status, normal cranial nerve examination, normal motor examination, symmetric reflexes, unchanged sensory examination, unchanged gait examination, cervical spine, spasm diffusely. Diagnostic impression: significant cervical spine disease. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 3/10/14 denied the retrospective requests for Cymbalta, Lunesta, and Topiramate. Regarding Cymbalta, there was no corresponding clinical information during the retrospective date of service for this medication. Regarding Lunesta, there was no documentation regarding insomnia or sleep history on, or corresponding to the retrospective date of service. Regarding Topiramate, there was no documentation that the patient has failed a first-line agent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cymbalta 30 mg DOS 10/25/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation FDA usage.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 15-16.

Decision rationale: CA MTUS states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. According to the reports reviewed, the patient is not documented to have any neither neuropathic pain nor signs of depression. Furthermore, the quantity of the medication was not provided in this request. Therefore, the request for Retrospective Cymbalta 30 mg DOS 10/25/13 was not medically necessary.

Retrospective Lunesta 3mg DOS 2/10/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Pain Procedure Summary (updated 01/07/2014); MED LETT Drugs Ther. 2005 Feb 28;47 (1203):17- 9.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lunesta.

Decision rationale: CA MTUS does not address this issue. ODG states Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia; it is a schedule IV controlled substance that has potential for abuse and dependency; side effects: dry mouth, unpleasant taste, drowsiness, dizziness; sleep-related activities such as driving, eating, cooking and phone calling have occurred; and withdrawal may occur with abrupt discontinuation. In the reports provided for review, there is no documentation that the patient has insomnia or is suffering from a sleep disorder. In addition, the quantity of the medication being requested was not provided. Therefore, the request for Retrospective Lunesta 3mg DOS 2/10/14 was not medically necessary.

Retrospective Topiramate 100mg DOS 10/7/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Convulsants. Decision based on Non-MTUS Citation Official Disability Guidelines-ODG- TWC DRUG Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-21.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. There is no documentation in the reports reviewed that the patient's pain has a neuropathic component. In fact, the neurology reports provided showed normal neurologic findings. In addition, the quantity of the medication being request was not provided. Therefore, the request for Retrospective Topiramate 100mg DOS 10/7/13 was not medically necessary.