

Case Number:	CM14-0043597		
Date Assigned:	07/02/2014	Date of Injury:	02/01/2009
Decision Date:	08/20/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 51-year-old female who reported an injury, 02/01/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 05/13/2014 indicated diagnoses of anxiety disorder and cervical radiculopathy. The injured worker reported persistent and severe neck pain. The injured worker reported she wanted to pursue more physical therapy and was depressed regarding her situation with pain and apprehensive about surgery. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included Celexa, gabapentin, hydrocodone/acetaminophen, lisinopril. The provider submitted request for duloxetine, gabapentin and hydrocodone/acetaminophen. The Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine HCL 30mg #30: Upheld

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

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

Decision rationale: The request for Duloxetine HCL 30mg #30 is non-certified. According to the California MTUS guidelines Duloxetine (Cymbalta) is recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). The documentation submitted did not indicate the injured worker had findings that would support she was a risk for cervical radiculopathy. In addition, the provider did not indicate a rationale for the request. Moreover, the request did not indicate a frequency for this medication. Therefore, the request for Cymbalta or duloxetine is non-certified.

Gabapentin 300mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific anti-epilepsy drugs Page(s): 18..

Decision rationale: The request for Gabapentin 300mg #270 is non-certified. The California MTUS guidelines recognize gabapentin/Neurontin 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 lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the request does not indicate a frequency. Therefore, the request for gabapentin is non-certified.

Hydrocodone/Acetaminophen 5/500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, and Opioids, criteria for use Page(s): 91; page 78.

Decision rationale: The request for Opioids, specific drug list, page 91, and Opioids, criteria for use, page 78. The California MTUS guidelines state that Norco/ hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors and side effects. Furthermore, the request does not indicate a frequency for this medication. Therefore, the request is non-certified.