

Case Number:	CM14-0058615		
Date Assigned:	07/09/2014	Date of Injury:	02/13/2006
Decision Date:	10/22/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/29/2014

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 Nevada. 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 records, presented for review, indicate that this 50-year-old male was reportedly injured on 02/13/2006. The most recent progress note, dated 04/01/2014, indicated that there were ongoing complaints of low back and right hip pains. The physical examination revealed the patient with a slow, antalgic, unsteady gait using a walker. The patient has bilateral foot drop and wears a F { . Cervical spine had limited range of motion due to cervical fusion. Lumbar spine had actual spine tenderness to palpation as well as right QL. Lumbar range of motion pain was with flexion and right lumbar pain with extension. Pelvic tilt was with right side half-inch higher than left. Positive tenderness to palpation was of the right piriformis muscle. There was also stiffness and discomfort with flexion and internal rotation of the left hip. No recent diagnostic studies are available for review. Previous treatment included cervical fusion, medications, and conservative treatment. A request had been made for Cymbalta 60 mg and Lunesta 3 mg and was not certified in the pre-authorization process on 04/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Cymbalta 60mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 105.

Decision rationale: There is no recommendation for or against the use of duloxetine for treatment of chronic persistent pain. A trial may be considered after attempting other medications with documented efficacy (e.g., different NSAIDs, TCAs), and if other interventions (exercise, manipulation) have been inadequate. However, use would generally not appear warranted. After review of the medical records provided, there was no identifiable documented failure of first-line treatments such as tricyclic antidepressants. Therefore, this request is deemed not medically necessary.

Prescription of Lunesta 3mg. #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 (ODG)- Pain (Chronic) Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC / ODG: Integrated Treatment/Disability Duration Guidelines; Mental Illness & Stress - Eszopicolone (updated 6/12/14)

Decision rationale: Lunesta is not recommended for long-term use but recommended for short-term use. Guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only and discourage use in the chronic phase. While sleeping pills are commonly prescribed and for chronic pain, pain specialists rarely, if ever recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long term. After review of the medical records provided, it is noted the treating provider recommended a #30 day supply of this medication. This exceeded guideline recommendations and is deemed not medically necessary.