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| Case Number: | CM14-0059936 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 08/30/2013 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 04/18/2014 |
| Priority: | Standard | Application Received: | 04/30/2014 |

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 & 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 51 year-old individual was reportedly injured on 8/30/2013. The mechanism of injury occurred when a wheelchair lift dropped to the ground with her on it from about 3 feet. The most recent progress note, dated 1/14/2014, indicates that there are ongoing complaints of chronic neck pain. The physical examination demonstrated cervical spine: range of motion flexion 60, extension 50%, 50% of left and right upper extremities. Reflexes are mute in both upper extremities. Hoffman sign is absent in both hands. Sensory and motor exam unremarkable in both upper extremities. Diagnostic imaging studies include a cervical MRI performed on 1/29/2014 which reveals status post anterior cervical fusion C5-C6 and C6-C7. Previous treatment includes previous cervical surgery prior to work-related injury, medications, physical therapy and conservative treatment. A request had been made for Neurontin 300 mg #90, Cymbalta 30 mg #30, molding 7.5 mg #60, and was not certified in the pre-authorization process on 4/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs): Gabapentin. Decision based on Non-MTUS Citation Gilron, 2006; Wolfe, 2004; Washington, 2005; ICSI, 2005; Wiffen-Cochrane, 2005; Attai, 2006; Wiffen-Cochrane, 2007; Gilron, 2007; ICSI, 2007; Finnerup, 2007

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 16-20, 49.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines considers gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain nor are any radicular symptoms noted on physical examination. As such, this request for Neurontin is not medically necessary.

Cymbalta 30 mg #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: Pain Chapter: Cymbalta; Arnold, 2005; FDA, 2008; FDA, 2010; Cymbalta, Eli Lilly and Company

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 13.

Decision rationale: Cymbalta (Duloxetine) Cymbalta is a selective serotonin and norepinephrine reuptake inhibitor. It is recommended as a first-line option for diabetic neuropathy. Though increasing off label use of this medication exists for various pain syndromes, the current clinical indication is for anxiety, depression, diabetic neuropathy, and fibromyalgia. When noting that the record does not reflect that the claimant has any of these conditions, then there would be no clinical indication to support the use of Cymbalta. Therefore, this request is considered not medically necessary.

Mobic 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications. Decision based on Non-MTUS Citation Van Tulder-Cochrane, 2010; Schnitzer, 2004; Homik, 2003

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 72.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. According to the attached medical record there is no reported decrease pain and increased functional activity related directly to the use of medication. Therefore this request for Mobic is not medically necessary.