

Case Number:	CM14-0060812		
Date Assigned:	07/09/2014	Date of Injury:	02/28/2005
Decision Date:	09/09/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/01/2014

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 45-year-old gentleman was reportedly injured on February 28, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 20, 2014, indicated that there were ongoing complaints of low back pain. It was stated that the injured employee's medications were tapered significantly. The physical examination demonstrated tenderness along the lumbar paraspinal muscles and pain with range of motion. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine indicated degenerative disc disease at L4-L5 and L5-L1. Previous treatment is unknown. A request had been made for Cymbalta, Lyrica, Norco, and baclofen and was not certified in the pre-authorization process on April 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for Cymbalta 60 mg # 60 with 3 refills.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, Cymbalta (duloxetine) 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. According to the most recent progress note dated May 20, 2014, the injured employee is diagnosed with major depression. Therefore, this request for Cymbalta is medically necessary.

Prospective request for 1 prescription for Lyrica 150mg #60 with 3 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin); Dosing Information.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19, 99.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, Lyrica is documented to be effective for treatment of diabetic neuropathy and postherpetic neuralgia. The attached medical record does not indicate that the injured employee has either of these symptoms nor is there evidence of neuropathic pain. Considering this, the request for Lyrica is not medically necessary.

Prospective request for 1 prescription for Norco 10/325mg #90 with 3 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Criteria For Use Of Opioids; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Prospective request for 1 prescription for Baclofen 20mg #100 with 3 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 64.

Decision rationale: Baclofen is indicated for the treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. It is also indicated for treating neuropathic pain. According to the attached medical record, the injured employee does not have any current neuropathic symptoms. Therefore, this request for baclofen is not medically necessary.