

Case Number:	CM14-0070884		
Date Assigned:	07/14/2014	Date of Injury:	03/11/2005
Decision Date:	08/13/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/16/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 50-year-old female with a 3/11/05 date of injury. At the time (4/2/14) of request for authorization for 30 Lidoderm 5% patches and 60 capsules of Cymbalta 60mg, there is documentation of subjective (neck and lower back pain) and objective (spasm and tenderness with decreased range of motion of the cervical and lumbar spine areas) findings, current diagnoses (cervical facet syndrome, cervical pain, spinal/lumbar degenerative disc disease, and occipital neuralgia), and treatment to date (medications (including Lidoderm and Cymbalta since at least 10/17/13) and physical therapy). 4/2/14 medical report identifies that Lidoderm allows the patient to be more active and Cymbalta helps with pain her mood. Regarding Lidoderm, there is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. Regarding Cymbalta, there is no documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cymbalta use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Lidoderm 5% patches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a Lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical facet syndrome, cervical pain, spinal/lumbar degenerative disc disease, and occipital neuralgia. In addition, there is documentation of ongoing treatment with Lidoderm patches which helps the patient to be more active. However, there is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for 30 Lidoderm 5% patches is not medically necessary.

60 capsules of Cymbalta 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Antidepressants for chronic pain

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy, as criteria necessary to support the medical necessity of Cymbalta. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical facet syndrome, cervical pain, spinal/lumbar degenerative disc disease, and occipital neuralgia. In addition, there is documentation of ongoing treatment of Cymbalta. However, there is no documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy. In addition, despite documentation that Cymbalta helps with pain and mood, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications

as a result of Cymbalta use to date. Therefore, based on guidelines and a review of the evidence, the request for 60 capsules of Cymbalta 60mg is not medically necessary.