

Case Number:	CM14-0079635		
Date Assigned:	07/18/2014	Date of Injury:	01/16/2013
Decision Date:	11/06/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational Medicine 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:

This is a 52-year-old male with a 1/16/13 date of injury; when he sustained injury to his lower back while carrying 60 pounds of flooring material. The progress notes indicated that the patient was utilizing Lyrica at least from 2/12/14 and Cymbalta at least from 3/12/14. The patient was seen on 4/23/14 for the follow up visit. The note indicated that Lyrica and Cymbalta alleviated the patient's pain by over 50% and that the patient's function improved. As the severity of the patient's pain improved his activities of daily living improved. The patient started cognitive behavioral therapy and his attitude in regards to his ability to participate in his own rehabilitation improved. Exam findings revealed normal gait, mild muscle spasm in the right lumbar area and decreased thoracolumbar range of motion. The motor strength and sensation were normal in bilateral lower extremities. The patient has been noted to be on Cymbalta, Pennsaid solution 2%, Lyrica and Celebrex. The diagnosis is lumbar radiculopathy, lumbar strain/sprain, right lower extremity radiculopathic pain, anxiety and depression. Treatment to date: lumbar facet joint injections, cognitive behavioral therapy, TENS unit, work restrictions, physical therapy and medications. An adverse determination was received on 5/16/14; the determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta, 20mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 15-16.

Decision rationale: CA MTUS states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. The progress notes indicated that the patient was utilizing Cymbalta at least from 3/12/14. The latest progress report dated 4/23/14 stated that Cymbalta alleviated the patient's pain by over 50% and that the patient's function improved. In addition, as the severity of the patient's pain improved his activities of daily living improved. Therefore, the request for Cymbalta, 20mg to be taken at bedtime was medically necessary.

Lyrica, 50mg every morning, and 100mg at bedtime: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

Decision rationale: CA MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. The progress notes indicated that the patient was utilizing Lyrica for radiculopathic pain at least from 2/12/14. The latest progress report dated 4/23/14 stated that Lyrica alleviated the patient's pain by over 50% and that the patient's function improved. In addition, as the severity of the patient's pain improved his activities of daily living improved. Therefore, the request for Lyrica, 50mg every morning, and 100mg at bedtime was medically necessary.