

Case Number:	CM14-0085507		
Date Assigned:	07/23/2014	Date of Injury:	05/13/2002
Decision Date:	09/19/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/09/2014

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 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:

The injured worker is a 43-year-old who reported an injury on May 13, 2002. The mechanism of injury was not provided. The injured worker's medication history included Kadian, Cymbalta, trazodone, ibuprofen, Lunesta, Norco, amitriptyline, and Voltaren gel as of 01/2014. The surgical history included an L4-5 ProDisc and L5-S1 infix implant, and a lumbar fusion as well as a P-Stimulation placement on January 6, 2013 and February 6, 2014. The diagnostic studies were not provided. The injured worker was noted to be undergoing urine drug screens. Prior treatments included a back brace and medications. The documentation of June 3, 2014 revealed the injured worker had complaints of pain in the left low back and bilateral hips. The injured worker indicated that she wanted P-Stim. The injured worker reported a new pain in her mid-back radiating down to the left side buttock area. The alleviating factors for the pain were medications and lying down. The physical examination revealed exquisite tenderness to palpation throughout the lumbar paraspinals and bilateral sciatic notches and left greater trochanter. The injured worker was noted to have a flattened affected and be clearly depressed. The diagnoses included chronic postoperative pain, lumbar postlaminectomy syndrome, lumbar radiculitis, lumbago, lumbar degeneration intervertebral disc, and insomnia. The treatment plan included a refill of Cymbalta 30 mg QAM and 60 mg QHS #30 for depression with 2 refills. There was no Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg, thirty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and documentation of objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least January of 2014. There was a lack of documentation of the above criteria. The physician documentation indicated that the request was for usage at bedtime, not in the morning. There would need to be documentation of clarification. Additionally, there was a lack of documentation indicating a necessity for 2 refills. Given the above, the request for Cymbalta 60 mg, thirty count with two refills, is not medically necessary or appropriate.

Cymbalta 30 mg, thirty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 15,16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and documentation of objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least January of 2014. There was a lack of documentation of the above criteria. Additionally, there was a lack of documentation indicating a necessity for 2 refills. Given the above, the request for Cymbalta 30 mg, thirty count with two refills, is not medically necessary or appropriate.