MAXIMUS Federal Services

Case Number:	CM14-0207021		
Date Assigned:	12/19/2014	Date of Injury:	01/19/2000
Decision Date:	02/17/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/10/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of January 19, 2000.Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; extensive periods of time off of work.In a Utilization Review Report dated November 13, 2014, the claims administrator failed to approve requests for Cymbalta and Lidoderm.The applicant's attorney subsequently appealed.On multiple progress notes of December 5, 2014 and December 6, 2014, various providers, including a physical therapist, psychologist, and primary treating provider, reiterated their request for a functional restoration program.In a November 10, 2014 progress note, the applicant reported persistent complaints of pain. The applicant stated that Butrans had proven unsuccessful and that she was still using Norco at a rate of three to four tablets daily. The applicant reported moderate severe neck and back pain. The applicant also reported issues with depression, tearfulness, and anxiety. The applicant was asked to employ Butrans at a heightened dose and continue using Norco and tramadol for breakthrough pain. The applicant was asked to employ Cymbalta, seemingly for depression. Lidoderm was also endorsed. The applicant was placed off of work, on total temporary disability. The attending provider suggested that the applicant find a new primary treating provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 MG Daily for 1 Week Then Twice Daily #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) section Page(s): 15.

Decision rationale: As noted on page 402 of the ACOEM Practice Guidelines, antidepressants such as Cymbalta may be helpful to alleviate symptoms of depression, as are present here. Similarly, page 15 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that Cymbalta can be employed for off-label purposes for radiculopathy, as is also present here. The applicant has residual lumbar radicular complaints status post earlier failed lumbar fusion surgery. The prescribing provider suggested that the Cymbalta was being reintroduced as of an office visit in November 10, 2014. Reintroduction of Cymbalta was indicated, given the applicant's heightened depressive symptoms and/or radicular complaints on or around the date in question, November 10, 2014. Therefore, the request is medically necessary.

Lidoderm 5 Percent Patch, 2 Patches Every 24 Hours #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's concomitant prescription for Cymbalta, an antidepressant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.