MAXIMUS Federal Services

Case Number:	CM14-0208759		
Date Assigned:	12/22/2014	Date of Injury:	11/10/2011
Decision Date:	02/27/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 reportedly associated with an industrial injury of November 10, 2011.In a Utilization Review Report dated November 7, 2014, the claims administrator failed to approve a request for gabapentin and Cymbalta. The claims administrator referenced an October 27, 2014 progress note in its determination. The claims administrator contended that ongoing usage of gabapentin and Cymbalta had failed to generate any significant improvement.The applicant's attorney subsequently appealed.In a September 18, 2014 progress note, the applicant reported worsening low back and bilateral leg pain for a time period of four years. 8-10/10 low back pain radiating into bilateral legs was noted. The attending provider described the applicant's pain as severe and constant. The applicant had tried and failed anti-inflammatory medications, physical therapy, and epidural steroid injection therapy. The applicant was off of work, it was acknowledged, and had not worked since February 2007, owing to allegedly severe pain complaints. The applicant was kept off of work while a repeat lumbar MRI was endorsed. The applicant was reportedly using gabapentin, Celebrex, and Norco, it was acknowledged on this occasion.In a progress note dated September 8, 2014, the applicant again reported 7/10 pain with medications versus 8/10 pain without medications. The applicant reported ancillary complaints of anxiety and depression. The applicant was using Neurontin, Prilosec, Norco, Cymbalta, and Colace. The applicant was obese, with a BMI of 33. The applicant was asked to continue Cymbalta at a rate of 60 mg daily. The attending provider suggested that the applicant consider using Cymbalta at a heightened dosage of 90 mg at a later point. The applicant was

asked to continue Neurontin, Prilosec, and Colace. The applicant was using cane to move about. The attending provider stated that the applicant's activity levels were unchanged.In a progress note dated October 30, 2014, the applicant reported persistent complaints of low back pain radiating into bilateral legs, severe, worsening, constant, 8/10 to 10/10, exacerbated by activities. The applicant's leg pain was progressively worsening over time, it was acknowledged. The applicant was using a cane to move about. The applicant could neither sit nor stand for more than a few minutes continuously, the attending provider stated. Lumbar MRI imaging was again endorsed. It was stated that the applicant was a candidate for lumbar fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #120, prescribed on 10/27/14: Upheld

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

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

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as result of the same. Here, however, the applicant was/is off of work. The applicant continues to report severe, constant 8-10/10 low back and bilateral leg pain, as on an October 30, 2014 office visit, referenced above. The applicant was having difficulty performing activities of daily living as basic as standing and walking. The applicant remains dependent on usage of a cane. The applicant was having difficulty performing prolonged sitting and/or standing activities, the attending provider acknowledged on October 30, 2014. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Cymbalta 30mg #30, prescribed on 10/27/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Duloxetine (Cymbalta) Page(s): 7, 15.

Decision rationale: While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta, an atypical anti-depressant is FDA approved in the treatment of anxiety and depression but can be employed off-label for radiculopathy, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS

Chronic Pain Medical Treatment Guidelines to the effect that the attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Cymbalta. The applicant has apparently not worked since 2012. Ongoing usage of Cymbalta has failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continues to report difficulty performing activities of daily living as basic as sitting, standing, walking, and, moreover, remains dependent on a cane. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.