

Case Number:	CM14-0218799		
Date Assigned:	01/08/2015	Date of Injury:	09/05/2002
Decision Date:	05/15/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: North Carolina
 Certification(s)/Specialty: Family Practice

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 67-year-old male, who sustained an industrial injury on 9/5/02. He reported initial complaints of neck and low back. The injured worker was diagnosed as having cervicalgia; lumbago; lumbosacral spondylosis; depressive disorder NEC; headache; lumbar region sprain; post concussion syndrome; neck sprain; brain injury NEC; chronic pain syndrome. Treatment to date has included MRI cervical spine (6/9/14); physical therapy; medications. Currently, the PR-2 notes dated 11/19/14 indicate the injured worker complains of difficulty with neck pain. Pain can rise up to an 8/10 on the verbal analog scale and is reduced to 2-3/10 with his medications which include Cymbalta 60mg per day; Trazadone 100mg twice a day and Zanaflex 4mg twice a day; ibuprofen 600mg twice a day. He feels these medications are necessary for him to be able to continue his activities of daily living. Physical examination reveals the cervical spine is within normal limits and notes tenderness at the base of the cervical spine. His active voluntary range of motion is guarded in his forward flexion and extension with complaints of discomfort at the extremes of motion. The provider has requested Cymbalta 30mg quantity 60 with 2 refills and Trazodone 100mg quantity 60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #60 with 2 refills: 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): 43-44.

Decision rationale: The requested medication is a first line option in the treatment of neuropathic pain per the California MTUS. Per the progress notes, the patient has persistent and constant neuropathic pain. The patient has no indication of hepatic disease so there would be no major contraindications to the medication. For these reasons, criteria for use of the medication have been met and the request is medically necessary.

Trazodone 100mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the Official Disability Guidelines, recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient has the diagnosis of insomnia and coexisting depression. Therefore, a sedating antidepressant would be medically indicated and the request is medically necessary.