

Case Number:	CM14-0060280		
Date Assigned:	07/09/2014	Date of Injury:	02/22/2002
Decision Date:	05/08/2015	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	05/01/2014

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: California
 Certification(s)/Specialty: Emergency 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 injured worker is a 63 year old male, who sustained an industrial injury on February 22, 2002. Initial complaints and diagnoses are not available. The injured worker was diagnosed as having cervical degenerative disc disease and rule out hypogonadism secondary to chronic opioid therapy. Past treatment included opiates, mixed narcotic agonist-antagonist, a wakefulness promoting agent, anti-epilepsy, antidepressant, medications. On February 4, 2014, the injured worker complains of being excessively tired. He was positive for 9 out of 10 criteria on the low testosterone questionnaire. He is satisfied with his current medications including a mixed narcotic agonist-antagonist, anti-epilepsy, antidepressant, a wakefulness promoting agent, and a hypnotic. The treating physician notes he is doing much better than he was on his previous opiates. The physical exam revealed a pain rating of 7/10 on the VAS (visual analogue scale), pain with cervical spine extension and rotation, normal bilateral grip, and intact sensation. The treatment plan includes refills of his current medications and a testosterone level. The requested treatments are Lyrica 300mg and Cymbalta 60 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prescription Lyrica 300 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin, Page 99 Page(s): 99.

Decision rationale: The requested One Prescription Lyrica 300 MG is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, Page 99, recommend this medication for the treatment of "neuropathy and post-herpetic neuralgia. The treating physician has documented pain rating of 7/10 on the VAS (visual analogue scale), pain with cervical spine extension and rotation, normal bilateral grip, and intact sensation. The treating physician has not documented current neuropathic pain, nor derived functional benefit from its previous use. The criteria noted above not having been met, One Prescription Lyrica 300 MG is not medically necessary.

One Prescription Cymbalta 60 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Pages 13-16 Page(s): 13-16.

Decision rationale: The requested One Prescription Cymbalta 60 MG is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. The treating physician has documented pain rating of 7/10 on the VAS (visual analogue scale), pain with cervical spine extension and rotation, normal bilateral grip, and intact sensation. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, One Prescription Cymbalta 60 MG is not medically necessary.

Ambien 10 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Ambien 10 MG is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications note "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." The treating physician has documented pain rating of 7/10 on the VAS (visual analogue scale), pain with cervical spine extension and rotation, normal bilateral grip, and intact sensation. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10 MG is not medically necessary.