

Case Number:	CM15-0003610		
Date Assigned:	01/14/2015	Date of Injury:	03/14/2010
Decision Date:	04/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 44-year-old male who sustained an industrial injury on 3/14/2010. He has reported sudden onset of numbness to the left arm and hand. The diagnoses have included right carotid artery dissection and a resultant cerebrovascular accident with left sided weakness, complex partial seizure and depression. Treatment to date has included craniotomy in 2010, physical therapy and medication management. Currently, the IW complains of left hip pain and chronic headaches. Treatment included Duloxetine 60 milligrams #30, Oxycarbazepin 150 milligrams #60 and Amitriptylin 50 milligrams #30. On 12/8/2014, Utilization Review non-certified Duloxetine 60 milligrams #30, Oxycarbazepin 150 milligrams #60 and Amitriptylin 50 milligrams #30., noting Oxycarbazepin was requested and approved one week prior and the lack of documentation to support the request. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine Cap 60mg #30: Upheld

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 Duloxetine Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Duloxetine.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duloxetine (Cymbalta) 60 mg #30 is not medically necessary. Duloxetine is recommended as a first line treatment of neuropathic pain. Duloxetine is a serotonin reuptake inhibitor antidepressants. It is FDA approved for treatment of depression, generalized anxiety disorder, treatment of diabetic neuropathy with effect found to be significant by the end of week one (measured as 30% reduction in baseline pain). See the guidelines for additional details. In this case, the injured worker's working diagnoses are chronic headaches; complex partial seizures; depression; and hemiplegia affecting non-dominant side. Subjectively, the injured worker has localized paresthesia and headache. Range of motion is decreased at the left hip with localized pain. There were no subjective complaints of depression or seizures. Objectively, the injured worker ambulates with a cane. The joints and muscles appear normal. The documentation indicates the injured worker was taking Cymbalta (duloxetine) 60 mg as far back as April 22, 2014. The documentation did not contain evidence of objective functional improvement as it relates to Cymbalta. The injured worker has been receiving refills with no apparent change in the dosing. Consequently, absent clinical documentation with objective functional improvement to gauge clinical efficacy, duloxetine 60 mg #30 is not medically necessary.

Oxcarbazepin tab 150mg #60: Upheld

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 Anti-epilepsy drugs Page(s): 16-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Anti-epilepsy drugs.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxcarbazepine (trileptal) 150 mg #60 is not medically necessary. Anti-epilepsy drugs are recommended for neuropathic pain, but not recommended for somatic pain. Trileptal has demonstrated benefits for treating neuropathic pain, specifically trigeminal. Evidence for treating other neuropathies is inconclusive. In this case, the injured worker's working diagnoses are chronic headaches; complex partial seizures; depression; and hemiplegia affecting non-dominant side. Subjectively, the injured worker has localized paresthesia and headache. Range of motion is decreased at the left hip with localized pain. There were no subjective complaints of depression or seizures. Objectively, the injured worker ambulates with a cane. The joints and muscles appear normal. The documentation indicates the treating physician prescribed Oxcarbazepine as far back as July 1, 2013. The documentation does not contain evidence of objective functional improvement to gauge efficacy with the ongoing use of Oxcarbazepine. Trileptal has demonstrated benefits for treating neuropathic pain, specifically trigeminal. Consequently, absent clinical documentation with objective functional improvement to date efficacy with the ongoing use of Oxcarbazepine, Oxcarbazepine 150 mg #60 is not medically necessary.

Amitriptylin tab 50mg #30: Upheld

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 Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Anti-depressants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Amitriptyline 50 mg #30 is not medically necessary. Antidepressants are recommended as a first line option for neuropathic pain and as a possibility, as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. In this case, the injured worker's working diagnoses are chronic headaches; complex partial seizures; depression; and hemiplegia affecting non-dominant side. Subjectively, the injured worker has localized paresthesia and headache. Range of motion is decreased at the left hip with localized pain. There were no subjective complaints of depression or seizures. Objectively, the injured worker ambulates with a cane. The joints and muscles appear normal. The documentation indicates the injured worker did not have a history of depression. The documentation shows the injured worker was taking amitriptyline 50 mg as far back as September 11, 2013. However, the documentation does not contain evidence of objective functional improvement to gauge efficacy with the ongoing use of amitriptyline. Consequently, absent clinical documentation with objective functional improvement to gauge Amitriptyline's efficacy, Amitriptyline 50 mg #30 is not medically necessary.