

Case Number:	CM15-0006386		
Date Assigned:	01/26/2015	Date of Injury:	06/30/2008
Decision Date:	03/19/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This injured worker is a 55 year old female, who sustained an industrial injury on June 30, 2008. The injured worker has reported back pain. The diagnoses have included lumbar spondylolisthesis, chronic bilateral sacral one radiculopathy, multilevel lumbar degenerative disc disease, lumbar disc herniation at lumbar four-lumbar five levels and lumbar stenosis. Treatment to date has included pain medication, diagnostic testing, electromyography of the lower extremities, lumbar epidural steroid injections, radiofrequency ablation, lumbar spine surgery and a bone growth stimulator. The documentation notes that the injured workers pain significantly decreased after a lumbar epidural steroid injection. Current documentation dated December 8, 2014 notes that the injured worker continued to have low back pain with radiating numbness to both lower extremities. The pain was rated at an eight out of ten on the Visual Analogue Scale. Examination of the lumbar spine revealed tenderness to palpation. Sensation of the lower extremities was intact. Reflexes of the knees and ankles were absent. The injured worker had an antalgic gait. On December 16, 2014 Utilization Review non-certified requests for Cymbalta 60 mg # 30 and Protonix 20 mg # 60. The MTUS, ACOEM Guidelines, Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, were cited. On January 12, 2008, the injured worker submitted an application for IMR for review of Cymbalta 60 mg # 30 and Protonix 20 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Usage of Cymbalta 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS Page(s): 15-16.

Decision rationale: Cymbalta is FDA approved for diabetic neuropathy. It is also used off label for neuropathic pain and radiculopathy. There is no high quality evidence to support its use for lumbar radiculopathy. There is no clear evidence that the patient have diabetic neuropathy. A prolonged use of cymbalta in this patient can not be warranted without continuous monitoring of its efficacy. Cymbalta has been used without evidence of pain relief and functional improvement. Therefore, the prospective request for Cymbalta 60mg #30 is not medically necessary.

Prospective Usage of Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Proton Pump Inhibitors (PPI's)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. Therefore the prospective prescription of Protonix 20mg # 60 is not medically necessary.