

Case Number:	CM15-0103649		
Date Assigned:	06/08/2015	Date of Injury:	03/29/2000
Decision Date:	07/14/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

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, Alabama, 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:

The injured worker is a 49-year-old female with an industrial injury dated 3/29/2000. The mechanism of injury is documented a cumulative trauma secondary to poor ergonomics. Her diagnoses included chronic pain syndrome and lumbar sacral neuritis. Prior treatments included epidural steroid injections, lumbar surgery, diagnostics and medications. She presents on 04/22/2015 with complaints that her pain remains unabated. Her worker's comp was not paying for her medication, which was very distressing to her. She states many days she does not even get out of bed and cannot shower without an attendant present. Objective findings noted the injured worker to be very tearful and uncomfortable. The request is for 1 prescription for Cymbalta 60 mg # 60 and 1 Prescription for Methadone 10 mg # 84.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Methadone 10mg, #84: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 61.

Decision rationale: According to MTUS guidelines, section Medications for chronic pain, Methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with these medications. As an opioid, Methadone should be used in the context of a well-established plan, tailored to the patient needs, when there is no reasonable alternative to treatment and when the patient is responsive to treatment. The lowest possible effective dose should be used. In this case, the patient continues to have severe pain despite the use of Methadone. Furthermore, it appears that a multidisciplinary approach was not used in a patient who continued to report severe pain despite the use of Methadone and other pain medications. Based on the above, the prescription of Methadone 10mg is not medically necessary.

1 Prescription for Cymbalta 60mg, #90: Upheld

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

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 cannot be warranted without continuous monitoring of its efficacy. Therefore, the request of Cymbalta 60mg is not medically necessary.