

Case Number:	CM15-0130442		
Date Assigned:	07/16/2015	Date of Injury:	09/22/2012
Decision Date:	08/28/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on September 22, 2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having post lumbar laminectomy syndrome and displaced lumbar intervertebral disc. Treatment and diagnostic studies to date has included medication regimen, chiropractic therapy, lumbar epidural steroid injections, and above noted procedure. In a progress note dated June 15, 2015 the treating physician reports aching, throbbing pain to the right leg that was noted to have increased since the injured worker ran out of her medications. The treating physician also noted a depressed mood. Examination reveals pain with straight leg raise along with weakness and fatigue to the right ankle. The injured worker's medication regimen included Cymbalta and Gabapentin. The injured worker's pain level was rated a 6 on a scale of 0 to 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. In addition, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The treating physician requested the medications of Cymbalta 30mg with a quantity of 30 with 5 refills and Neurontin 300mg with a quantity of 120 with 5 refills noting current use of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30 with 5 refills: Upheld

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

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

Decision rationale: Regarding the request for duloxetine (Cymbalta), CA MTUS state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the Cymbalta provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. Furthermore, a prescription with 5 refills is not conducive to regular reevaluation for efficacy and continued need. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested duloxetine (Cymbalta) is not medically necessary.

Neurontin 300mg #120 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is limited evidence of neuropathic pain and no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS) and objective functional improvement. Furthermore, a prescription with 5 refills is not conducive to regular reevaluation for efficacy and continued need. Unfortunately, there is no provision for modification of the current request. As such, the currently requested gabapentin (Neurontin) is not medically necessary.