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| Case Number: | CM15-0133263 | | |
| Date Assigned: | 07/21/2015 | Date of Injury: | 03/24/2010 |
| Decision Date: | 08/17/2015 | UR Denial Date: | 06/16/2015 |
| Priority: | Standard | Application Received: | 07/09/2015 |

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 54 year old male, who sustained an industrial injury on March 24, 2010. He reported neck pain, arm pain and increasing numbness of his arms. The injured worker was diagnosed as having traumatic brain injury from anoxia, C6-7 Brown-Sequard incomplete spinal cord injury, neurogenic bowel, neurogenic bladder, depression and chronic low back pain. Treatment to date has included psychiatric evaluation, diagnostic studies, therapy and medications. Currently, the injured worker complained of feelings of severe depression and disrupted sleep due to the need to catheterize himself. He also reported chronic back pain and lower extremity weakness and numbness. The treatment plan included medication. On June 16, 2015, Utilization Review non-certified the request for Robaxin 1500 mg #120 with three refills and Cymbalta 60 mg #60 with three refills, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Robaxin 1500mg, 3 refills: 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 Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Robaxin, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm or that he was experiencing an acute exacerbation of pain. There is no clear documentation of the efficacy of previous use of Robaxin (the patient had been prescribed Robaxin on an ongoing basis for long time). The request for 120 tablets of Robaxin 1500mg, 3 refills is not medically necessary.

60 tablets of Cymbalta 60mg, 3 refills: Upheld

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

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

Decision rationale: According to MTUS guidelines, 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 back and neck pain. 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, as the drug was used off label. Therefore, the request of 60 tablets of Cymbalta 60mg, 3 refills is not medically necessary.