

Case Number:	CM15-0135876		
Date Assigned:	07/21/2015	Date of Injury:	09/25/2014
Decision Date:	08/25/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old woman sustained an industrial injury on 9/25/2014 due to cumulative trauma. Diagnoses include lumbar herniated nucleus pulposus, lumbar radiculopathy, cervical radiculopathy, and thoracic spine pain. Treatment has included oral medications, chiropractic care, and physical therapy. Physician notes dated 5/22/2015 show complaints of neck, mid back, and low back pain rated 7/10 that are notes to be unchanged with numbness to the bilateral upper and lower extremities that are somewhat improved. Recommendations include cervical and thoracic spine MRIs, stop NSAIDS, continue Cymbalta, Flexeril cream, trial Tylenol #3, please send laboratory results, orthopedic consultation, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication Cyclobenzaprine 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 9/25/2014. The medical records provided indicate the diagnosis of lumbar herniated nucleus pulposus, lumbar radiculopathy, cervical radiculopathy, and thoracic spine pain. Treatment has included oral medications, chiropractic care, and physical therapy. Compound medication Cyclobenzaprine 5% is not medically necessary per the medical records provided for review. Cyclobenzaprine is a muscle relaxant. The topical analgesics are largely drugs are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not recommend the use of any muscle relaxant.

Doloxetine DR 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

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

Decision rationale: The injured worker sustained a work related injury on 9/25/2014. The medical records provided indicate the diagnosis of lumbar herniated nucleus pulposus, lumbar radiculopathy, cervical radiculopathy, and thoracic spine pain. Treatment has included oral medications, chiropractic care, and physical therapy. Duloxetine DR 30mg #30 is not medically necessary per the medical records provided for review. Generally, the MTUS recommends the antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In particular, the tricyclic antidepressants are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Although the MTUS recommend Duloxetine as a first-line option for diabetic neuropathy, the MTUS states that there is no high quality evidence in support of the the use of duloxetine for lumbar radiculopathy, and that more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain.