

Case Number:	CM15-0138973		
Date Assigned:	07/28/2015	Date of Injury:	01/19/2010
Decision Date:	08/27/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/17/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 59-year-old female, who sustained an industrial injury on 1/19/2010. The medical records submitted for this review did not include the details of the initial injury or the prior treatments to date. Diagnoses include lumbosacral sprain/strain with grade 1 anterolisthesis and disc bulge, status post right ankle scope, right upper extremity Chronic Regional Pain Syndrome (CRPS) and a history of a non-displaced radius fracture. Currently, she complained of ongoing moderate level of pain and numbness. The records indicated a recent diagnosis of shingles and an eye infection and therefore had not been cleared for a lumbar spine epidural injection. On 5/27/15, the physical examination documented ambulation was slow with a single point cane. The lumbar spine was tender with muscle spasms, positive straight leg raise and positive Kemp's test with decreased lumbar range of motion. The plan of care included prescriptions for Ambien 10mg #30; Cymbalta 30/60mg #30; and Lyrica 75mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, and Insomnia.

Decision rationale: The CA MTUS is silent on the use of Ambien. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep and sleep onset, sleep maintenance, sleep quality and next day function. Ambien is not FDA approved for use greater than 35 days. In this case, the medical records do not detail non-pharmacologic interventions. Additionally, Ambien has been used for more than 35 days. The medical record does not document that Ambien is medically necessary.

Cymbalta 30/60mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 13-16.

Decision rationale: The CA MTUS includes extensive support for the use of antidepressants for neuropathic pain but the evidence for antidepressant use in non-neuropathic pain is less robust. However, The CA MTUS states that antidepressants are an option in non-neuropathic pain, especially with underlying depression present. In this case, there is documentation of neuropathic and non-neuropathic pain. While there is not recorded a formal diagnosis of depression, the record does document mood disorder for which the Cymbalta provides additional benefit. Based on the documented response to therapy, Cymbalta is medically necessary.

Lyrica 75mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 16-20.

Decision rationale: CA MTUS states that there is insufficient evidence to argue for or against use of antiepileptic drugs in low back pain. Antiepileptic drugs are used first line for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. There is no clear trial period but a week is considered a

reasonable time to assess efficacy. In this case, there is documentation of neuropathic pain and of response to Lyrica. Ongoing treatment with Lyrica is medically necessary.