

Case Number:	CM15-0139442		
Date Assigned:	07/29/2015	Date of Injury:	12/21/2004
Decision Date:	09/30/2015	UR Denial Date:	06/18/2015
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: Georgia, California, Texas

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:

The injured worker is a 48 year old male, who sustained an industrial injury on December 21, 2004. He reported slipping on ice, falling backwards with a heavy table hitting him in the chest. The injured worker was diagnosed as having chronic persistent right shoulder pain, chronic neck pain, chronic low back and right lower extremity pain, right inguinal hernia repair in 2010, chronic abdominal discomfort, and gastric refluxes. Treatments and evaluations to date have included medial branch radiofrequency neurolysis, physical therapy, home exercise program (HEP), MRIs, acupuncture, massage therapy, chiropractic treatments, Botox injections, TENS, and medication. Currently, the injured worker reports low back pain with radicular symptoms down his lower extremities. The Primary Treating Physician's report dated May 7, 2015, noted the injured worker reported benefit with the Neurontin with the Cymbalta helping significantly with his mood and believed to help with some of the pain as well. The Primary Treating Physician's report dated June 4, 2015, noted the injured worker in moderate distress, reported using the Norco, Neurontin, and Cymbalta, with the current medications also including Prilosec. The injured worker was noted to ambulate with a cane and slight limp with a mild to moderate antalgic gait. The treatment plan was noted to include referrals for a cane and epidural injection, with new prescriptions for the Norco, Cymbalta, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Cymbalta 30mg #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16 of 127.

Decision rationale: Cymbalta (duloxetine) is an SNRI antidepressant. MTUS recommends antidepressant for treatment of neuropathic pain, and as an option for treatment on non-neuropathic pain in patients with depression. MTUS notes FDA-approved indications of duloxetine for treatment of anxiety, depression, diabetic neuropathy, and fibromyalgia. Since publication of MTUS, the FDA has also approved indications for chronic musculoskeletal pain. Based upon documented response of claimant's pain and depression to Cymbalta, the requested medication is reasonable and medically necessary.

1 prescription of Neurontin 800mg #90 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Neurontin (gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: MTUS recommends antiepilepsy drugs for treatment of neuropathic pain. MTUS notes that gabapentin (Neurontin) "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Based upon the documented response to Neurontin in this case, the requested medication is reasonable and medically necessary.