

Case Number:	CM15-0142214		
Date Assigned:	08/06/2015	Date of Injury:	08/05/1999
Decision Date:	09/29/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/22/2015

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, New York, California
 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 applicant is a represented 66-year-old who has filed a claim for chronic low back reportedly associated with an industrial injury of August 5, 1999. In a Utilization Review report dated July 6, 2015, the claims administrator failed to approve requests for Cymbalta and Lyrica apparently prescribed on or around June 25, 2015. The applicant's attorney subsequently appealed. On June 25, 2015, the applicant reported ongoing complaints of low back and leg pain. The applicant was in the process of pursuing a lumbar radiofrequency ablation procedure, it was reported. The applicant was on oxycodone, Cymbalta, Ambien, and Lyrica, it was reported. Medrol Dosepak, oxycodone, Cymbalta, Ambien, and Lyrica were all endorsed, seemingly without much discussion of medication efficacy on this date. On March 19, 2015, it was stated that the applicant had returned to work on a part-time basis. The applicant was described as having ongoing issues with chronic low back pain. The applicant was asked to pursue a lumbar radiofrequency ablation procedure for the facetogenic component of her pain complaints. Oxycodone and Cymbalta were endorsed. The applicant was asked to return to work at a rate of three days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Duloxetine (Cymbalta); Functional Restoration Approach to Chronic Pain Management Page(s): 15; 7.

Decision rationale: No, the request for duloxetine (Cymbalta), an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta (duloxetine) can be employed off-label for radiculopathy, as was seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should base its choice of pharmacotherapy on the type of pain to be treated and/or pain mechanism involved and also by commentary made on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, progress notes of March 19, 2015 and June 25, 2015 did not explicitly discuss whether or not ongoing usage of Cymbalta was or was not proving beneficial. The applicant was described as having heightened pain complaints on June 25, 2015. Ongoing usage of Cymbalta seemingly failed to curtail the applicant's dependence on opioid agents such as oxycodone. While the applicant had returned to work on a part-time basis on March 19, 2015, the applicant's work status was not explicitly discussed on June 25, 2015. The attending provider, furthermore, stated that the applicant's primary pain generator was facetogenic low back pain on that date, as opposed to the radicular pain complaints for which Cymbalta is recommended for off-label use, per page 15 of the MTUS Chronic Pain Medical Treatment Guidelines. The information on file, in short, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Lyrica 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Functional Restoration Approach to Chronic Pain Management Page(s): 99; 7.

Decision rationale: Similarly, the request for Lyrica, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is FDA approved in the treatment of post-herpetic neuralgia and/or diabetic neuropathy and, by implication, neuropathic pain complaints in general, this recommendation is likewise qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should base its choice of pharmacotherapy on the type of pain to be treated and/or pain mechanism involved and also by commentary made on

page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the June 25, 2015 progress note failed to incorporate any discussion of medication efficacy. The applicant's work and functional status were not explicitly discussed or detailed on that date. Ongoing use of Lyrica seemingly failed to curtail the applicant's dependence on opioid agents such as oxycodone. The attending provider seemingly suggested that facetogenic low back pain was the applicant's primary pain generator on that date. It did not appear, thus, that the applicant was in fact using Lyrica for the radicular and/or neuropathic pain role for which it is recommended, per page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.