

Case Number:	CM15-0145875		
Date Assigned:	08/06/2015	Date of Injury:	04/24/2006
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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 injured worker is a 60 year old female who sustained an industrial injury on 4-24-06. She had complaints of low back, tailbone, bilateral hip and thigh pain, right side more than the left. Diagnosis given was sacral strain with bilateral sciatica. Diagnostic studies include: x-ray, MRI and electro-diagnostic studies. Treatments include: medication, physical therapy, pool therapy, injections and surgery. Progress report dated 7-13-15 reports continued complaints of low back pain that has worsened since the last visit. The pain in the low back is described as aching and stabbing in the legs. The pain is made worse with prolonged standing, walking, sitting, bending and lifting. The pain is made better with change of positions, physical therapy and medications. The pain is rated 9-10 out of 10 without medication and 8-9 out of 10 with medication. Diagnoses include: chronic pain syndrome, low back pain, postlaminectomy syndrome, lumbar region, muscle pain, lumbar radiculopathy, neuropathic pain and lumbar degenerative. Plan of care includes: to avoid worsening pain dispensed cymbalta, prescription for norco given, use heat followed by stretches then ice at the end of the day, CURES report reviewed and within normal limits, refills given; gabapentin (gralise) 600 mg 24 hr tab take 3 daily, #90, norco 10 mg 1 three to four times per day, #120, and tizanidine 4 mg take 1 twice per day, #60. Work status: retired, permanent and stationary. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg 3 times daily #90 with 3 refills (rx 07/14/15) qty: 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Section Page(s): 16-21.

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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. The clinical documentation does show that the injured worker has neuropathic symptoms. However, on 6/12/15, in a prior review, a prescription for Gabapentin was authorized with 3 refills. It is unclear why a new prescription is being requested. The request for Gralise 600mg 3 times daily #90 with 3 refills (rx 07/14/15) qty: 360 is determined to not be medically necessary.

Cymbalta 60mg daily (rx 07/14/15) qty: 30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Duloxetine (Cymbalta®) Section.

Decision rationale: MTUS guidelines do not address the use of Cymbalta for chronic pain. Per the ODG, Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). The starting dose is 20-60 mg/day, and no advantage has been found by increasing the dose to twice a day, except in fibromyalgia. The medication has been found to be effective for treating fibromyalgia in women with and without depression, 60 mg once or twice daily. The most frequent side effects include nausea, dizziness and fatigue. The use of Cymbalta is supported in this case. A recent review (6/12/15) approved this medication with a quantity of 30. It is appropriate that another prescription would be filled as of 7/14/15. The request for Cymbalta 60mg daily (rx 07/14/15) qty: 30 is determined to be medically necessary.