

Case Number:	CM15-0147796		
Date Assigned:	08/10/2015	Date of Injury:	07/11/2000
Decision Date:	09/08/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/29/2015

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: Arizona, California

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 71 year old male with an industrial injury dated 07-11-2000. His diagnosis was lumbar complaints. Prior treatment included lumbar fusion with 85% improvement in spinal pain and lower extremity neuropathic pain, diagnostics and medications. He presented on 05-28-2015 with complaints of back stiffness, numbness in right and left leg and radicular pain in right and left leg. Physical exam noted slow and severe antalgic gait. Lumbosacral exam revealed positive pelvic thrust bilateral, pain with Valsalva, positive FABER maneuver left, positive Gaenslen's maneuver right, positive Patrick's maneuver bilateral and secondary myofascial pain with triggering bilateral and positive stork test bilateral. His medications included Alprazolam, Anoro, Carvedilol, Colace, Cymbalta, Furosemide, Lisinopril, Lyrica, Metformin, Oxygen, Potassium and Spironolactone. The treatment plan included medications and sacroiliac joint injection. The treatment request is for: Lyrica 50 mg Qty 180 with 3 refills, Cymbalta 30 mg Qty 30 with 3 refills, Colace 250 mg Qty 80 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50 mg Qty 180 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. There was history of neurogenic claudication and symptoms related to spinal stenosis. The claimant had been on Lyrica along with other analgesics. There is no indication for continued use and the Lyrica is not medically necessary.

Colace 250 mg Qty 80 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had not been on opioids. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. Review of symptoms did not mention constipation. The use of laxatives is intended for short-term use. Continued use of Colace is not medically necessary.

Cymbalta 30 mg Qty 30 with 3 refills: Upheld

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 antidepressants Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter and pg 18.

Decision rationale: Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. The claimant had been on Cymbalta for several months. Depressive symptoms were not mentioned in several of the last few month visit reports. The continued use is not supported by any evidence and is not medically necessary.