

Case Number:	CM15-0181144		
Date Assigned:	09/22/2015	Date of Injury:	02/01/1989
Decision Date:	10/28/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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 76 year old male who sustained an industrial injury on 02-01-1989. Current diagnoses include osteoarthritis, fibromyalgia-myositis, and failed back syndrome-lumbar. Report dated 08-07-2015 noted that the injured worker presented for follow up of multifocal musculoskeletal pain syndrome. Pain level was 7 out of 10 on a visual analog scale (VAS). Physical examination performed on 08-07-2015 did not reveal any abnormalities. Previous treatments included medications and surgical intervention. The treatment plan included refilling medications which included Norco, Robaxin, and Senokot and follow up in 2 months. Of note there were no current medical records submitted that discussed the current requested treatments. The utilization review dated 09-01-2015, modified the request for 30 tablets of Bupropion 100mg extended release, 2 refills, 30 tablets of Cymbalta 30mg delayed release, 2 refills, and 30 tablets of Cymbalta 60mg delayed release, 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Bupropion 100mg extended release, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SNRIs (serotonin noradrenaline reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Bupropion (Wellbutrin).

Decision rationale: The MTUS Guidelines recommend the use of Wellbutrin as an option after other agents. While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. In this case, there is no evidence in the available documentation that the injured worker has failed with a trial of a tricyclic or SNRI. Additionally, there is a lack of documentation of functional improvement with previous use of this medication. This request, which includes two refills, does not imply an intent to follow the injured worker closely for the efficacy of this medication. The request for 30 tablets of Bupropion 100mg extended release, 2 refills is determined to not be medically necessary.

30 tablets of Cymbalta 30mg delayed release, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Duloxetine (Cymbalta®) Section.

Decision rationale: The MTUS Guidelines recommended the use of antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects should be assessed, including excessive sedation (especially that which would affect work performance). 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. Additionally, there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. Per the ODG, SNRIs are 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. In this case, the injured worker is prescribed two different antidepressants for the treatment of chronic pain. The rationale for this is not included in the available documentation. Additionally, despite previous use, there is a lack of documentation of functional improvement with the use of this medication. This request, with two refills, does not imply the intention to follow the injured worker closely for the efficacy of this medication. The request for 30 tablets of Cymbalta 30mg delayed release, 2 refills is determined to not be medically necessary.

30 tablets of Cymbalta 60mg delayed release, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Duloxetine (Cymbalta®) Section.

Decision rationale: The MTUS Guidelines recommended the use of antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects should be assessed, including excessive sedation (especially that which would affect work performance). 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. Additionally, there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. Per the ODG, SNRIs are 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. In this case, the injured worker is prescribed two different antidepressants for the treatment of chronic pain. The rationale for this is not included in the available documentation. Additionally, despite previous use, there is a lack of documentation of functional improvement with the use of this medication. This request, with two refills, does not imply the intention to follow the injured worker closely for the efficacy of this medication. The request for 30 tablets of Cymbalta 60mg delayed release, 2 refills is determined to not be medically necessary.