

Case Number:	CM15-0188175		
Date Assigned:	09/30/2015	Date of Injury:	05/19/2011
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/24/2015

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: Physical Medicine & Rehabilitation

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 59 year old male who sustained an industrial injury on 05-19-2011. Medical records indicated the worker was treated for cervicgia, cervical disc degeneration, shoulder pain, osteoarthritis, low back pain, and unspecified myalgia-myositis. In the provider notes of 08-25-2015, the injured worker is seen for re-evaluation of his neck and low back pain. His pain is described as aching and stabbing and intensified by standing, walking, lifting, and bending. Sitting, lying down, medication and injections make the pain better. The pain is rated as a 7 on a scale of 0-10 without medications and a 4 on a scale of 0-10 with medications. He denies any new symptoms or neurological signs. According to provider notes, he has been in physical therapy his pain is better. The worker is taking Ibuprofen on a regular basis and it is reported to help reduce inflammation and pain so he can walk and stand longer. He uses Cymbalta for depression and that is reported to help with the pain as well. On exam, the worker has an unassisted antalgic gait. He has 5 out of 5 bilateral lower extremity strength with intact sensation and no clonus or increased tone. Sciatic notches are non-tender to palpation as are the sacroiliac joints bilaterally. There is slightly limited range of motion due to increased pain with flexion and extension. There is mild tenderness and spasm over the lumbar paraspinals and straight leg raise is positive bilaterally. He has taken Motrin 800 mg and Cymbalta since at least 03-10-2015. He has Tylenol #3 which he takes sparingly for severe pain. A request for authorization was submitted for Motrin 800mg #90 with 3 refills, and Cymbalta 60mg #90 with 1 refill. Utilization review decision 09-03-2015 non-certified the request for Motrin, and gave modified certification for 45 capsules of Cymbalta 60 mg with no refill between 08-28-2015 and 10-12-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90 with 3 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2011 injury nor have they demonstrated any efficacy in terms of improved functional status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Motrin 800mg #90 with 3 refills is not medically necessary or appropriate.

Cymbalta 60mg #90 with 1 refill: 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 rationale: Review indicates the request for Cymbalta was modified for weaning. Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Cymbalta (Duloxetine, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain; however, more information is needed regarding the role of SSRIs and pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; Used off-label for neuropathic pain and radiculopathy; and is recommended as a first-line option for diabetic neuropathy; however, no high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy and more studies are needed to determine the efficacy of Duloxetine for other types of neuropathic pain. There is no mention of previous failed trial of TCA or other first-line medications and without specific improvement in clinical findings, medical necessity has not been established. The Cymbalta 60mg #90 with 1 refill is not medically necessary or appropriate.