

Case Number:	CM15-0189476		
Date Assigned:	10/01/2015	Date of Injury:	12/29/2006
Decision Date:	11/18/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/25/2015

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, North Carolina
 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 53 year old female who sustained an industrial injury on 12-29-06. A review of the medical records indicates she is undergoing treatment for post laminectomy syndrome of the lumbar region, neuralgia, neuritis, and radiculitis, degeneration of the cervical intervertebral disc, bilateral carpal tunnel syndrome, venous stasis of the lower extremity, autonomous neurogenic bladder, gastroesophageal reflux disease without esophagitis, and chronic lumbar radiculopathy. Medical records (3-19-15 to 8-13-15) indicate ongoing complaints of "constant throbbing pain" at the lumbosacral junction extending to both buttocks, with a focus at the coccyx. She reports pain and numbness in bilateral lower extremities, with more numbness in the left leg. She rates the pain "5-10 out of 10" with use of medications and "10 out of 10" without the use of medications. She also reports bilateral hand numbness in the thumb, index, and long fingers. The physical exam (8-13-15) reveals a positive Phalen's test on the right with numbness in the long finger. She is noted to be wearing bilateral wrist braces. Muscle strength is "5 out of 5" at the extensors and flexors of the elbow and wrist bilaterally. Full range of motion is noted of bilateral upper extremities. Her gait is noted to be antalgic with a limp on the right. Tenderness is noted to palpation in the lumbosacral junction. Spasm is not present in the paravertebral muscles bilaterally. Range of motion in the lumbar spine is diminished. Bilateral lower extremity range of motion is "full". Straight leg raising was negative at 90 degrees bilaterally. Diagnostic studies have included EMG-NCV of bilateral upper extremities and an MRI of the cervical spine. A lumbar spine MRI with contrast is pending. Treatment has included compression stockings for venous insufficiency, use of a cane,

bilateral L5-S1 laminectomy and posterior fusion with segmental instrumentation on 8-28-09, a wrist brace, a "neck" injection, and medications. She is pending cognitive behavioral therapy when a treating provider is located. Her medications include Prevacid 30mg twice daily, Cymbalta 60mg daily, oxymorphone ER 10mg every 12 hours, oxymorphone 5mg daily as needed, and atenolol 25mg daily. She has been receiving Prevacid and Cymbalta since, at least, 3-19-15. The utilization review (9-9-15) includes requests for authorization of Cymbalta 60mg #30 with 5 refills and Prevacid 30mg #60 with 5 refills. Both were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg Qty 30 with 5 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 rationale: In this case, the patient's date of injury was 12/29/2006. She underwent a lumbar laminectomy and is diagnosed with post-laminectomy syndrome of the lumbar region, neuralgia, neuritis and radiculitis. The request is for Cymbalta (Duloxetine), an SNRI antidepressant used off-label for neuropathic pain. Cymbalta is recommended as a first-line option in the treatment of neuropathic pain and depression. MTUS Guidelines state that there is no high quality evidence is reported for the use of Cymbalta for lumbar radiculopathy, as is present in this case. Therefore, the request is not supported and not medically necessary or appropriate.

Prevacid 30 mg Qty 60 with 5 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, GI symptoms & cardiovascular risk.

Decision rationale: In this case, the patient has chronic low back pain and neck pain and has been taking Prevacid and Cymbalta since at least 3/19/2015. The request is for Prevacid 30 mg. #60 with 5 refills. CA MTUS Guidelines state that a patient at intermediate risk for GI events with no cardiovascular disease while taking a nonselective NSAID may use a proton pump inhibitor (PPI). This patient has H. pylori infection and GERD. However, there is no evidence that the patient is taking an NSAID at this time, thus the medical necessity of a PPI is not established. The request is therefore not medically necessary or appropriate.

