

Case Number:	CM15-0195820		
Date Assigned:	10/09/2015	Date of Injury:	08/04/2008
Decision Date:	11/19/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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: New Jersey, New York
 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 54 year old male who sustained an industrial injury on 08-04-2008. According to a report dated 09-03-2015, the injured worker was taking Gralise 600 mg three per day which was helping his neuropathic pain in his leg. He was not working but could still perform activities of daily living and do light tasks around the house with Gralise. The increased dose of Duloxetine "helped somewhat" with improved mood and back pain. During the last visit, the dose of Duloxetine was increased from 60 mg to 90 mg. He still had not pursued seeing a psychiatrist. The provider noted that it was extremely important to do so given the history of severe depression. Medications included Cymbalta, Gralise and Baclofen. He still had a prescription for Pantoprazole and Celebrex which he had not been taking. The injured worker was frustrated and had depressed affect. PHQ-9 score was 19 out of 27 indicative of severe depressive symptoms. Sitting straight leg raise was positive on the left. Lumbar forward flexion was 25% of normal with complaint of low back and leg pain. He was unable to extend 0%. Pain with manual muscle testing in the lower extremity was at least 3 plus out of 5 left ankle dorsiflexors and evertors, 4 plus out of 5 left knee flexors, 5 minus to 5 out of 5 in the same muscle groups on the right. The injured worker had increasing weakness and pain in the left lower extremity and had been authorized for lumbar MRI. The injured worker had enough Cymbalta and Baclofen and he was to continue Gralise. Documentation shows that the injured worker's medication regimen included Cymbalta and Baclofen dating back to November 2014. Documentation shows that the injured worker was prescribed Baclofen for muscle spasticity. The provider noted that Cymbalta was indicated for the injured worker's mood and neuropathic pain.

On 09-11-2015, Utilization review non-certified the request for Cymbalta 60 mg once a day #30 with 2 refills, Cymbalta 30 mg once a day #30 with 2 refills and Baclofen 10 mg BID to TID #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg once a day #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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

Decision rationale: The request is considered not medically necessary. The patient has lumbar pain radiating to lower extremities and neuropathic pain. Cymbalta is recommended for neuropathic pain and radiculopathy which the patient has. However, the maximum dose recommended for neuropathic pain is 60mg which the patient has exceeded. There was also no objective documentation of functional improvement. Therefore, the request is considered not medically necessary as stated.

Cymbalta 30mg once a day #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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

Decision rationale: The request is considered not medically necessary. The patient has lumbar pain radiating to lower extremities and neuropathic pain. Cymbalta is recommended for neuropathic pain and radiculopathy which the patient has. However, the maximum dose recommended for neuropathic pain is 60mg which the patient has exceeded. There was also no objective documentation of functional improvement. Therefore, the request is considered not medically necessary as stated.

Baclofen 10mg BID to TID #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The request is not medically necessary. Baclofen is recommended to treat spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries and benefits those with lacinating, paroxysmal neuropathic pain. The patient has not been diagnosed with any of these medical conditions. Muscle relaxants show no benefit beyond NSAIDS in pain and overall improvement. Efficacy diminishes over time and may lead to dependence. Therefore, the request is considered not medically necessary.