

Case Number:	CM15-0202517		
Date Assigned:	10/19/2015	Date of Injury:	04/25/2013
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/14/2015

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 60 year old female, who sustained an industrial injury on 4-25-2013. The injured worker is being treated for history of right foot fracture, low back pain with radiculopathy and difficulty walking. Treatment to date has included medications, diagnostics, walking boot, crutches, and transforaminal epidural steroid injections. Per the most recent submitted Primary Treating Physician's Progress Report dated 9-02-2015 the injured worker reported pain in the back radiating down the left leg as well as pain in the forefoot region. Objective findings included tenderness in the right forefoot. Per the medical records dated 7-23-2015 to 9-02-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Per the Pain Management follow-up dated 7-21-2015 she reported pain rated as 7 out of 10. She was taking Tylenol #4. Per the Pain Management follow-up dated 9-08-2015 she reported 8 out of 10 pain without medications and 5 with medications. Medications included Tylenol #4, and she was noted to not be tolerating Cymbalta and Gabapentin well. Work status was temporarily totally disabled. The plan of care included casting of the right foot, follow-up with pain management and activities as tolerated. Authorization was requested for acetaminophen #60 and Cymbalta #30 (DOS 7-24-2015). On 9-24-2015, Utilization Review non-certified the request for acetaminophen #60 and Cymbalta #30 (DOS 7-24-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Acetaminophen #60 with a dos of 7/24/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: Recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs. In this case, there is no dosage information included with the request and it is unclear for how long this medication has been prescribed. The request for retrospective Acetaminophen #60 with a dos of 7/24/2015 is determined to not be medically necessary.

Retrospective Duloxetine (Cymbalta) #30 with a dos of 7/24/2015: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Duloxetine (Cymbalta®) Section.

Decision rationale: MTUS guidelines do not address the use of Cymbalta specifically; therefore, alternative guidelines were consulted. Per the ODG, Cymbalta is 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, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). In this case, although there is documentation of pain relief with the use of this medication, there is no dosage information or length of time prescribed included with the request. The request for retrospective Duloxetine (Cymbalta) #30 with a dos of 7/24/2015 is determined to not be medically necessary.