

Case Number:	CM15-0204041		
Date Assigned:	10/20/2015	Date of Injury:	03/14/2001
Decision Date:	12/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/19/2015

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: Emergency 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 47 year old male who sustained an industrial injury on March 14, 2001. The worker is being treated for: DM, dyspnea and respiratory abnormalities(right middle lobe pneumonia) morbid obesity, DVT, postphlebotic syndrome, acute or chronic lower extremity pain, anxiety reaction, acute medication refill, left knee internal derangement with tear. Subjective: May 06, 2015, "I'm ok...I finally got the Warfarin." He reports having been out of supply of medication for some 9 days, and further note of "had not been taking Warfarin prior to the laboratory draw." He complains of lower extremity pain rated "5" in intensity and "I'm still falling," and "my knee gave out." July 30, 2015, reports chronic intractable pain due to lower extremity DVT with lymph edema. September 11, 2015, patient reporting "denial of medication, Cymbalta," and now with symptom of withdrawal. Furthermore, stating, "feeling sick and suicidal." Objective: May 09, 2015, reported a prothrombin time and international ratio values of: 0.96 taken May 04, 2015. July 30, 2015, noted a documented meniscal tear left knee. September 11, 2015, hear rate of 111 beats per minute upon examination at ED respiratory rate of 24, tearful and complains of bilateral leg pain with swelling. Diagnostics: UDS dated July 18, 2015. Medications: June 05, 2015: refilled Butrans patches, Norco, and Naprosyn. July 30, 2015: reported denial for Tizanidine and current medication regimen of: Butrans patches Zanaflex, Cymbalta, Norco, Celebrex, and Prilosec; prescribed Baclofen. Treatments: psychotherapy, medication, activity modification, compression stockings. On September 11, 2015 a request was made for Naproxen #60 and Cymbalta 30mg #90 that was noncertified by Utilization Review on September 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen #60: 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: The requested Naproxen #60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker has chronic intractable pain due to lower extremity DVT with lymph edema. September 11, 2015, patient reporting "denial of medication, Cymbalta," and now with symptom of withdrawal. Furthermore, stating, "feeling sick and suicidal." Objective: May 09, 2015, reported a prothrombin time and international ratio values of: 0.96 taken May 04, 2015. July 30, 2015, noted a documented meniscal tear left knee. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen #60 is not medically necessary.

Cymbalta 30 mg #90: Overturned

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: The requested Cymbalta 30 mg #90, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that Cymbalta is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy." The injured worker has chronic intractable pain due to lower extremity DVT with lymph edema. September 11, 2015, patient reporting "denial of medication, Cymbalta," and now with symptom of withdrawal. Furthermore, stating, "feeling sick and suicidal." Objective: May 09, 2015, reported a prothrombin time and international ratio values of 0.96 taken May 04, 2015. July 30, 2015, noted a documented meniscal tear left knee. The treating physician has documented persistent chronic pain and depression. The criteria noted above having been met, Cymbalta 30 mg #90 is medically necessary.