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| Case Number: | CM15-0204924 | | |
| Date Assigned: | 10/21/2015 | Date of Injury: | 01/29/2007 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 10/01/2015 |
| 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old female, who sustained an industrial injury on January 29, 2007. The injured worker was diagnosed as having left radiculopathy injury and right leg neurogenic pain. Treatment and diagnostic studies to date has included medication regimen. In a progress note dated August 04, 2015 the treating physician reports complaints of burning and aching pain to the left arm and right lower extremity. The progress notes from August 04, 2015 and April 07, 2015 did not contain an examination. The injured worker's medication regimen on August 04, 2015 included Cymbalta, Norco, Lyrica, and Biofreeze since at least prior to April 07, 2015. The injured worker's pain level on August 04, 2015 and on April 07, 2015 was rated an 8 out of 10 without the use of the injured worker's medication regimen that decreased to a 3 out of 10 with the use of her medication regimen allowing her to perform activities of daily living such as housework and volunteering. On August 04, 2015 the treating physician requested the medications of Cymbalta 20mg with a quantity of 60 with 3 refills, and Lyrica 50mg with a quantity of 90 with 3 refills noting that the injured worker is "stable" on these medications and is able "to be active and volunteer". On October 01, 2015 the Utilization Review determined the requests for Cymbalta 20mg with a quantity of 60 with 3 refills and Lyrica 50mg with a quantity of 90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20mg Qty: 60 with 3 refills: Overturned

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): Antidepressants for chronic pain.

Decision rationale: The claimant sustained a work injury in January 2007 and continues to be treated for left upper and right lower extremity pain with diagnoses of left radial neuropathy and right leg neurogenic pain. In April 2015 medications included Lyrica, Cymbalta, and Norco. The combination of medications was decreasing pain from 3/10 to 8/10 and allowing for activities of daily living, household chores, and volunteer work. Extended release Ultram was being prescribed and was discontinued. When seen in August 2015 she was continuing to perform volunteer work on a regular basis. Medications were continuing to decrease pain to 3/10. She was not having any gastric upset and there were no aberrant medication behaviors. Medications were continued with planned close monitoring. Cymbalta (Duloxetine) can be recommended as a first-line option in the treatment of neuropathic pain. In this case, the requested dosing is consistent with guideline recommendations and the combination of medications prescribed continue to provide pain relief and improved activities. The claimant has remained stable on these medications since April 2015. Continued prescribing is medically necessary.

Lyrica 50mg Qty: 90 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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

Decision rationale: The claimant sustained a work injury in January 2007 and continues to be treated for left upper and right lower extremity pain with diagnoses of left radial neuropathy and right leg neurogenic pain. In April 2015 medications included Lyrica, Cymbalta, and Norco. The combination of medications was decreasing pain from 3/10 to 8/10 and allowing for activities of daily living, household chores, and volunteer work. Extended release Ultram was being prescribed and was discontinued. When seen in August 2015 she was continuing to perform volunteer work on a regular basis. Medications were continuing to decrease pain to 3/10. She was not having any gastric upset and there were no aberrant medication behaviors. Medications were continued with planned close monitoring. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the requested dosing is consistent with guideline recommendations and the combination of medications prescribed continue to provide pain relief and improved activities. The claimant has remained stable on these medications since April 2015. Continued prescribing is medically necessary.

