

Case Number:	CM15-0020357		
Date Assigned:	02/09/2015	Date of Injury:	06/01/1997
Decision Date:	04/02/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/03/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 58-year-old female who reported injury on 06/01/1997. The mechanism of injury was not provided. Diagnostic studies were not provided. The documentation of 12/23/2014 revealed the injured worker had gone through a right total knee replacement. The injured worker had pain in the lower lumbar region with the pain increasing with activities such as lifting, bending, stooping, and prolonged sitting and standing. The injured worker had decreased range of motion of the lumbar spine. Hyperextension of the low back caused radiating pain to the left posterior thigh. There were muscle spasms present. The diagnoses included adjacent segment disease with far lateral disc herniation at L2-3 to the left causing foraminal stenosis, status post laminectomy and discectomy in 2003, status post anterior posterior lumbar fusion at L3-4 and L4-5 with iliac crest bone graft on 05/02/2006, and status post removal of lumbar hardware with intraoperative documentation of osseous fusion on 07/17/2007. Additionally, the injured worker had undergone right total knee replacement surgery. Samples of Nexium were noted to be given to the injured worker. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific antiepilepsy drugs Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review failed to provide the duration of use. The injured worker was noted to have neuropathic pain. If this was an initial prescription, the request would be supported. If it was a subsequent request, there was a lack of documentation of 30% to 50% decrease in pain and objective functional improvement. However, the request as submitted failed to include the frequency and as such would not be supported. Given the above, the request for Lyrica 75 mg #60 is not medically necessary.

Duloxetine HCL (Cymbalta Delayed Release) 30mg, #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14, 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating an assessment in changes of the use of other medications, sleep quality and duration, and psychological assessments. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for duloxetine hydrochloride (Cymbalta delayed release) 30 mg #45 is not medically necessary.