

Case Number:	CM15-0218971		
Date Assigned:	11/10/2015	Date of Injury:	08/13/2012
Decision Date:	12/29/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/06/2015

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, North Carolina
 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 39-year-old male, who sustained an industrial injury on 8-13-12. The documentation on 10-14-15 noted that the injured worker has complaints of back and neck pain. It radiates up head, down neck and into shoulders. The injured worker describes his pain as sharp, stabbing, burning, aching, dull, throbbing and radiating. The injured worker rates his pain 9 on a scale of 0 to 10. On examination, trigger points palpated in the upper trapezius, mid-trapezius, lower trapezius, splenius capitis, rhomboid region and lumbar paraspinals bilaterally. Sensation is intact to light touch in dermatomes C6-C8 bilaterally. Sensation intact to light touches in dermatomes L3-S1 (sacroiliac) bilaterally. The diagnoses have included chronic pain syndrome; myofascial pain, myositis; post concussion syndrome and adjustment disorder with depressed mood. Current medications are listed as norco; cymbalta; lidoderm patch; topamax; cymbalta; omeprazole and viagra. The documentation noted that the injured worker has been on cymbalta and topamax since at least 3-12-15. The original utilization review (10-28-15) non-certified the request for cymbalta capsule 20mg #30 and topamax capsule 25mg twice a day #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta cap 20mg #30: Upheld

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

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

Decision rationale: Cymbalta (Duloxetine) is a serotonin norepinephrine reuptake inhibitor indicated for treatment of depression and anxiety. The request in this case is for Cymbalta 20 mg daily. The claimant has a long-standing history of neuropathic pain, however the medical necessity for this request in addition to the concurrent request for Cymbalta 60 mg daily is not provided. There is no rationale presented for both prescriptions, especially since the recommended daily dose of Cymbalta is 60 mg. Therefore, the request is not medically necessary or appropriate.

Topamax cap 25mg BID #120: Upheld

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 request is for Topamax, an anti-epileptic drug that may be used as a second-line agent for neuropathic pain. The claimant in this case has a long-standing history of neuropathic pain; however, the medical necessity for the use of Topamax is not documented. There is also no documentation of failure of first-line Anti-epileptics and antidepressants prior to the use of Topamax. Topamax is only considered for neuropathic pain when other anti-convulsants have failed. Therefore, the request is not medically necessary or appropriate.