

Case Number:	CM15-0030545		
Date Assigned:	02/24/2015	Date of Injury:	05/09/2003
Decision Date:	04/09/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/18/2015

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: Internal 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 61 year old male, who sustained an industrial injury on 5/09/2003. The diagnoses have included lumbago, thoracic/lumbosacral neuritis/radiculitis, post-laminectomy syndrome lumbar region, intervertebral lumbar disc disorder with myelopathy lumbar region and degenerative lumbar/lumbosacral intervertebral disc. He had low back disc surgery L2-3 and fusion in 2004 and lumbar surgery (unspecified) in 2012. Treatment to date has included restrictions and medications. Currently, the IW complains of chronic severe low back and hip pain. Pain is rated as 6/10. Objective findings included tenderness to palpation of the lumbar paraspinal musculature. There is a well-healed midline incision with no signs of infection. Trigger point right lower lumbar paraspinal, adjacent to the L4 region with paresthesias and radiculopathy. Range of motion is restricted. There is a positive sitting straight leg raise test. Right lumbar spasm is greater than left. Gait is normal with the use of a single point cane. On 2/09/2015, Utilization Review non-certified a request for 1 HbA1c lab and 1 prescription of Cymbalta 30mg noting that the clinical findings do not support the medical necessity of the treatment. The MTUS and ACOEM Guidelines were cited. On 2/19/2015, the injured worker submitted an application for IMR for review of 1 HbA1c lab and 1 prescription of Cymbalta 30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

HbA1c lab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Academy of Clinical Biochemistry (NACB). Guidelines and recommendations for laboratory analysis in the diagnosis and management of diabetes mellitus. Washington (DC): National Academy of Clinical Biochemistry (NACB); 2011. 104 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Diabetes Association (ADA) Standards of Medical Care in Diabetes (2015) Diabetes Care, Volume 38, Supplement 1, January 2015 http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/Documents/January%20Supplement%20Combined_Final.pdf.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Hemoglobin A1C testing. American Diabetes Association (ADA) Standards of Medical Care in Diabetes (2015) recommendation is to perform the A1C test quarterly in patients whose therapy has changed or who are not meeting glycemic goals. Perform the A1C test at least two times a year in patients who are meeting treatment goals and who have stable glycemic control. The Hemoglobin A1C dated 6/11/14 was the most recent A1C documented in the submitted medical records. The primary treating physician's progress report dated 10/1/14 documented stable blood sugar measurements. The diagnosis is Diabetes Mellitus Type II. HbA1C was requested. Per American Diabetes Association (ADA) guidelines the A1C test should be performed two times a year in patients who are meeting treatment goals and who have stable glycemic control. The request for A1C testing for the date of service is 10/1/14 is before the six month mark for repeat A1C testing, and is not supported by ADA guidelines. Therefore, the request for an HbA1C test is not medically necessary.

Cymbalta 30mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Cymbalta http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022516lbl.pdf.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. FDA Prescribing Information documents that Cymbalta is

indicated for major depressive disorder, generalized anxiety disorder, diabetic peripheral neuropathic pain, fibromyalgia, and chronic musculoskeletal pain. Medical records document a history of diabetes mellitus, lumbago, radiculitis, lumbar post-laminectomy syndrome, lumbar intervertebral disc disorder, chronic low back pain, failed back syndrome, lumbar surgery 2012. Medical records document chronic pain and chronic musculoskeletal pain. Per MTUS, antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. FDA Prescribing Information documents that Cymbalta is indicated for chronic musculoskeletal pain. Medical records document chronic pain and chronic musculoskeletal pain, which are indications for the use of Cymbalta according to MTUS and FDA guidelines. MTUS and FDA guidelines support the prescription Cymbalta. Therefore, the request for Cymbalta is medically necessary.