

Case Number:	CM15-0032076		
Date Assigned:	02/25/2015	Date of Injury:	12/15/2009
Decision Date:	04/03/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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: Arizona, California

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 37 year male who sustained a work related injury December 15, 2009. History included a left L4-L5 microdiscectomy August, 2010. According to a primary treating physician's progress report dated January 21, 2015, the injured worker was evaluated for bilateral low back pain radiating into the left buttock, posterior thigh and calf, rated 5/10. Physical examination reveals the skin incision sites of the spinal cord stimulator clean dry and intact. Lumbar range of motion was restricted by pain in all directions. There is tenderness on palpation of the left lumbar paraspinal muscles and flexion is worse than extension. Straight leg raise was negative on right and positive on left. Clonus, Babinski and Hoffman's signs are absent bilaterally. Sensation is decreased to light touch, pinprick, and vibration in the left L5 dermatome. Tandem walking was within normal limits and there was reduced balance in heel and toe walking with antalgic gait. Diagnoses includes; s/p spinal cord stimulator implant; depression and anxiety; lumbar facet joint arthropathy and failed back surgery syndrome. Treatment plan included medications and follow-up visit in 8 weeks. According to utilization review dated February 9, 2015, the request for Gabapentin 3600mg per day is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Duloxetine 60mg is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Latuda 80mg is non-certified, citing Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 3600mg per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. The continued use of Gabapentin is not medically necessary.

Duloxetine 60mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Mental Chapter and anti-depressants and pg 17.

Decision rationale: Duloxetine is an SNRI anti-depressant. In this case, the claimant had chronic pain and depression. The claimant had been on Duloxetine for several months. This category of medication is indicated for moderate to severe depression. The claimant had been going to CBT and had used other brands of SSRIs in the past. Continued use of Duloxetine is appropriate and medically necessary.

Latuda 80mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and anti-psychotics- pg 19 Latuda.com - company website.

Decision rationale: Latuda is an anti-psychotic approved for bipolar depression. In this case, the claimant does not have bipolar depression. The claimant is already being treated with an SSRI for depression. The Latuda is not appropriate or medically necessary.