

Case Number:	CM15-0036799		
Date Assigned:	03/05/2015	Date of Injury:	12/30/2011
Decision Date:	04/15/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/26/2015

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, Indiana, New York
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 54 year old male who sustained an industrial injury on 11/11/11. The injured worker reported symptoms in the neck, knee and back. The injured worker was diagnosed as having back pain and chronic pain syndrome. Treatments to date have included nonsteroidal anti-inflammatory drugs, psychology treatment, oral analgesic and topical ointment. In a progress note dated 2/9/15 the treating provider reports the injured worker was with complaints of pain and inability to sleep, noting the symptoms as "severe...occur constantly."

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 10 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Amitriptyline 10 mg #30 is not medically necessary. Antidepressants are a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless an effective, poorly tolerated or contraindicated. The analgesic effect generally occurs within a few days to a week or as the antidepressant effect takes longer to occur. In this case, the injured workers working diagnoses are left leg weakness and: gait disturbance; and PTSD. The documentation does not contain a subjective section and there is no physical examination in the medical record. There are two progress notes in the medical record. One progress note dated November 18, 2014 and the second progress note dated February 9, 2014. The progress note dated November 18, 2014 states Cymbalta was started August 8, 2014. Amitriptyline does not appear in the medication reconciliation sheet on that date. Amitriptyline appears in the February 9, 2014 progress note. There is no subjective section with the VAS pain scale. There is no documentation with objective functional improvement with ongoing amitriptyline. There is no clinical indication documented for using amitriptyline. Consequently, absent clinical documentation with a clinical indication, subjective and objective functional improvement, amitriptyline 10 mg #30 is not medically necessary.

Duloxetine 60 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cymbalta.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Cymbalta 60 mg #30 is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Is FDA approved for treatment of depression, generalized anxiety disorder, and treatment of diabetic neuropathy. The effect is found to be significant by the end of week one. In this case, the injured worker's working diagnoses are left leg weakness and: gait disturbance; and PTSD. The documentation does not contain a subjective section and there is no physical examination in the medical record. There are two progress notes in the medical record. One progress note dated November 18, 2014 and the second progress note dated February 9, 2014. The progress note dated November 18, 2014 states Cymbalta was started August 8, 2014. There is no subjective section with the VAS pain scale. There is no documentation with objective functional improvement with ongoing Cymbalta. Consequently, absent clinical documentation with objective functional improvement to gauge the ongoing efficacy of long-term Cymbalta use, Cymbalta 60 mg #30 is not medically necessary.