

Case Number:	CM15-0039133		
Date Assigned:	03/09/2015	Date of Injury:	07/28/2008
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/02/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60-year-old male who reported an injury on 07/28/2008. The mechanism of injury was not specifically stated. The current diagnoses include closed fracture of the medial malleolus, mechanical complication of internal orthopedic device, and reflex sympathetic dystrophy of the lower limb. The injured worker presented on 02/26/2015 for a follow up evaluation with complaints of right ankle pain, numbness, tingling, and swelling. The injured worker was utilizing acetaminophen with codeine, duloxetine, Lidoderm 5% patch, and Lyrica 100 mg. It was noted that the injured worker underwent revision of the ankle joint on 03/26/2009 with removal of an implant as well as removal of limb nerve lesion. Upon examination, there was swelling, pain at the anteromedial ankle, pain throughout the ankle joint, burning sensation with manipulation, pain at the entire anterior joint line, tenderness with palpation, pain extending into the anterior portion of the leg, tenderness of the medial ankle, calcaneal tuberosity tenderness, plantar fascial tenderness, sinus tarsi tenderness, limited range of motion, and 4/5 motor weakness. There was hypersensitivity noted at the superficial peroneal nerve and saphenous nerve. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta (Duloxetine HCL) 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state Cymbalta has been FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. The injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Lyrica (pregabalin) 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. The injured worker has utilized the above medication for an unknown duration. There is no evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Tylenol with Codeine (Acetaminophen/Codeine) #120 x 3 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: The California MTUS Guidelines state codeine is recommended as an option for mild to moderate pain. It is used as a single agent or in combination with acetaminophen and other products. In this case, the injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.