

Case Number:	CM15-0042628		
Date Assigned:	03/12/2015	Date of Injury:	03/08/2011
Decision Date:	05/08/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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: Massachusetts

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 44 year old female, who sustained an industrial injury on 03/08/2011. She has reported subsequent neck, back, and shoulder pain and was diagnosed with calcified tendinitis of the shoulder, low back pain, cervicgia and displacement of lumbar intervertebral disc. Treatment to date has included oral and topical pain medication, physical therapy and cortisone injections. In a progress note dated 02/22/2015, the injured worker complained of chronic arm, back and leg pain. No acute symptoms were noted. No abnormal objective examination findings were documented. A request for authorization of Cymbalta and Gabapentin was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 mg Qty 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), p43-44 Page(s): 43-44.

Decision rationale: The claimant is more than four years status post work-related injury and continues to be treated for chronic pain including chronic arm, back, and leg pain. Medications included Cymbalta and gabapentin. When evaluated, the claimant had not been able to obtain medications for over one month and a gabapentin titration was started. Cymbalta was refilled. In terms of Cymbalta (duloxetine), it can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. The requested dose is consistent with that recommended and therefore medically necessary.

Gabapentin 100 mg Qty 90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), p16-18 Page(s): 16-18.

Decision rationale: The claimant is more than four years status post work-related injury and continues to be treated for chronic pain including chronic arm, back, and leg pain. Medications included Cymbalta and gabapentin. When evaluated, the claimant had not been able to obtain medications for over one month and a gabapentin titration was started. Cymbalta was refilled. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration. In this case, the claimant's gabapentin dosing was being titrated and therefore it was medically necessary.