

Case Number:	CM15-0066004		
Date Assigned:	04/13/2015	Date of Injury:	05/03/2013
Decision Date:	07/01/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 3, 2013. In a Utilization Review report dated March 19, 2015, the claims administrator failed to approve requests for Cymbalta, topical lidocaine patches, Lyrica, and a re-evaluation with another provider. A February 23, 2015 office visit and RFA form of March 12, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On March 15, 2015, the applicant reported ongoing complaints of low back pain, myofascial pain syndrome, and muscle spasms. The applicant was given prescriptions for Norco, Cymbalta, and Lidoderm. 5-6/10 pain with medications versus 9/10 pain without medications was reported. Activities of daily living as basic as sitting, standing, walking, and bending remained problematic, the treating provider reported. The treating provider stated that medications were beneficial but did not outline the applicant's work status. The treating provider framed the request for Cymbalta and Lidoderm as renewal requests. The treating provider stated that the applicant had not received previously provided Lyrica, however. On February 20, 2015, Cymbalta, Lyrica, and Lidoderm patches were endorsed owing to ongoing complaints of low back pain, 9/10, exacerbated by sitting, standing, walking, and bending. The applicant was using a walker to move about. The applicant's work status was not clearly stated. On December 30, 2014, the applicant again reported multifocal pain complaints of knee, elbow, low back pain, attributed to possible fibromyalgia. The attending provider stated that Cymbalta and lidocaine patches were beneficial but did not elaborate further. On September 20, 2014, 8-9/10 pain complaints were reported. The applicant stated that Norco had not been at all effective. Norco was apparently generating constipation and associated abdominal pain, it was stated. Lumbar radiofrequency ablation procedures, Cymbalta, Lyrica, and Lidoderm patches were

endorsed. The applicant was given elbow corticosteroid injections. The applicant's work status was not detailed, although the applicant did not appear to be working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30: 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 Duloxetine (Cymbalta) Page(s): 15.

Decision rationale: No, the request for Cymbalta, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta is used off label for radiculopathy, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work status was not outlined on multiple office visits, referenced above. The applicant was apparently using a walker to move about. The applicant reported difficulty performing activities of daily living as basic as ambulating. The applicant continued to report pain complaints at times as high as 8-9/10, despite ongoing Cymbalta usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.

Lidocaine patches #90: 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 Lidocaine Page(s): 112.

Decision rationale: Similarly, the request for topical lidocaine patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there have been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the applicant had been using the Lidoderm patches in question for some time. The applicant did not appear to respond favorably to the same. The applicant remained off of work. Pain complaints as high as 8-9/10 was reported, above. The applicant was using a walker to move about. It did not appear that the applicant was working. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.

Lyrica 75mg #90: Overturned

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 Pregabalin (Lyrica); Pain Mechanisms Page(s): 99; 3.

Decision rationale: Conversely, the request for Lyrica, an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is FDA approved for and a first-line treatment for diabetic neuropathic pain and/or pain associated with postherpetic neuralgia. By analogy, pregabalin or Lyrica is also a first-line treatment for neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines is characterized by lancinating, numbing, electric, and shock-like sensations, all of which were seemingly present here in the form of the applicant's ongoing lumbar radicular pain complaints. Unlike the other medications, the attending provider stated on March 15, 2015 that the applicant had not previously used Lyrica. Introduction of the same, thus, was indicated on or around the date in question. Therefore, the request was medically necessary.

Re-eval in 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Similarly, the request for a re-evaluation in four weeks was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" for monitoring purposes in order to provide structure and reassurance even in those applicants whose conditions are not expected to change appreciably from week to week. Here, the applicant did have ongoing, multifocal pain complaints. The applicant was using a variety of medications. The applicant was seemingly off of work. Obtaining a follow-up visit, thus, was indicated on several levels, including for medication management and/or disability management purposes. Therefore, the request was medically necessary.