

Case Number:	CM15-0082780		
Date Assigned:	05/01/2015	Date of Injury:	02/29/2008
Decision Date:	06/01/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/27/2015

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

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 injured worker is a year old female, who sustained an industrial injury on February 29, 2008. She was diagnosed with lumbar degenerative disc disease. Treatment included a transcutaneous electrical stimulation unit, neuropathic medications, antidepressants and pain medications, lumbar fusion T9 thru S1, and physical therapy. Currently, the injured worker complained of persistent low back pain radiating into the lower extremities and extending into the upper back and shoulder. The treatment plan that was requested for authorization included prescriptions for Cymbalta, Neurontin and Ibuprofen. The treating physician's narrative from 4/15/14 is available for review. Prior records have not been sent for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg, thirty count with one refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 15,16.

Decision rationale: MTUS Guidelines support the use of this class of anti-depressant medication for neuropathic pain, which this individual has. No intolerable side effects are noted. The records available for review are very limited and there is no basis to clearly conclude that this medication is ineffective and its use is not supported by Guidelines. Under these circumstances, the Cymbalta 60mg. Qty 30 with 1 refill is medically necessary.

Neurontin 300 mg, 240 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18,19.

Decision rationale: MTUS Guidelines support the use of this medication for neuropathic pain, which this individual has. No intolerable side effects are noted. The records available for review are very limited and there is no basis to clearly conclude that this medication is ineffective and its use is not supported by Guidelines. Under these circumstances, the Neurontin 300mg. Qty 240 is support by Guidelines and is medically necessary.

Ibuprofen 800 mg, ninety count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: MTUS Guidelines support the use of NSAIDs for chronic inflammatory conditions, which this patient has due to shoulder problems and neuropathic pain. No problematic side effects are noted and there are inadequate records to clearly conclude that the medication is not beneficial. Under these circumstances, the Ibuprofen 800mg Qty 90 is supported by Guidelines and is medically necessary.