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| Case Number: | CM14-0110455 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 05/12/2006 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/15/2014 |

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old female who reported an injury on 05/12/2006. The mechanism of injury was not provided within the medical records. The clinical note dated 05/29/2014 indicated diagnoses of lumbosacral spondylosis without myelopathy, opioid type dependence unspecified, displacement of cervical intervertebral disc without myelopathy, cervical spondylosis without myelopathy, degeneration of cervical intervertebral disc, pathologic fracture of vertebrae, and primary localized osteoarthritis. The injured worker reported pain in the lower back, thoracic spine, neck, bilateral arms, and wrist. The injured worker described her pain as constant, sharp, achy numbness, pressure like, shooting, stabbing, throbbing, tingling, tightness, stiffness, and soreness. The injured worker reported the pain was constant with numb and sharp muscle tightness and muscle spasms. The injured worker reported the pain radiated to the bilateral upper extremities, left hand, left finger, right hand, right fingers, neck, and head. The injured worker reported she was unable to grip or grasp. The injured worker reported her pain as 8/10; made worse by changing positions, increased activity, lifting, movement, sitting a long time, standing a long time, standing straight up, walking, stooping, pulling, pushing, cold, or pressure. The injured worker reported her pain was better with injections, taking medications, and resting. The injured worker reported 2 to 7 migraines per week with associated symptoms of activities of daily living. The injured worker reported she woke up due to pain at night and migraines and headaches. The injured worker utilized a wheelchair and was unable to propel herself with her arms; therefore, she pushed with her right foot. On physical examination, the injured worker's cervical range of motion was decreased. The injured worker's treatment plan included continues medications as previously. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Soma, Dilaudid, Duragesic patch, Klonopin, Lyrica, Flector patch, Relpax, Cymbalta, and Abilify. The provider

submitted a request for Cymbalta, Klonopin, and Lyrica. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 capsules of Lyrica 225 mg: 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 Antiepilepsy drugs Page(s): 19.

Decision rationale: The California MTUS guidelines states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Although the injured worker reports efficacy and functional improvement with the use of medication, the injured worker's current pain level is 8/10. The clinical note indicates the injured worker's pain has risen to 10/10 many times in the last 30 day period. There is no indication that the use of Lyrica has resulted in diminished pain levels or functional improvement. In addition, the request does not indicate a frequency. Therefore, the request for 90 capsules of Lyrica 225 mg is not medically necessary.

90 tablets of Klonopin 0.5mg: 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 Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. It was not indicated how long the injured worker had been utilizing Klonopin. The injured worker has been prescribed Klonopin since at least 04/03/2014. This exceeds the guideline's recommendation for short term use. In addition, the request does not indicate a frequency. Therefore, the request for Klonopin is not medically necessary.

30 capsules of Cymbalta 60 mg: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines duloxetine (Cymbalta) is recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). Although the injured worker reports efficacy with the use of medications, the injured worker also reports an increase in pain. Therefore, there is no indication that the use of Cymbalta has resulted in diminished pain levels or functional improvement. In addition, the request does not indicate a frequency. Therefore, the request for Cymbalta is not medically necessary.