

Case Number:	CM14-0128919		
Date Assigned:	09/05/2014	Date of Injury:	08/01/2000
Decision Date:	10/29/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/13/2014

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 Internal Medicine and is licensed to practice in California. 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 66 year old male injured on 08/01/2000 due to repetitive lifting and heavy work in construction resulting in development of low back and left hip pain. Prior treatments included acupuncture, lumbar epidural steroid injections, medication management, home exercise program, physical therapy, and chiropractic treatment. Surgical history included lumbar fusion/laminectomy and right hip replacement. The injured worker underwent spinal cord stimulator placement in July of 2013 with marked reduction in low back pain and reduction of medication use; however, it required removal due to infection. The documentation indicates a history of depression. Clinical note dated 08/18/14 indicates the injured worker presented complaining of severe low back pain. The injured worker was receiving acupuncture with decreased pain and decreased Percocet use to once daily. The injured worker rated pain at 6/10; pain worsened by prolonged sitting, standing, walking, and alleviated with medication and acupuncture. The injured worker reported pain associated with radiation down bilateral legs and right buttock. Physical examination revealed Romberg negative with normal heel to toe gait, normal rapid alternating movements, sensation normal to touch in all four extremities, deep tendon reflexes symmetric at patella and Achilles with no clonus, surgical wounds well-healed without evidence of infection, lower extremity strength normal, and use of cane for ambulation. The documentation indicated the injured worker was one year status post spinal cord stimulator removal due to infection and injured worker requesting another stimulator be placed. Medications included Cymbalta, Percocet, Nucynta, aspirin, benazepril-HCTZ, simvastatin, oxycodone, Abilify, Wellbutrin XL, and Cymbalta. The initial request was non-certified on 07/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #60 with 5 refills: Overturned

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): 44.

Decision rationale: As noted on page 44 of the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first-line treatment of neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. The documentation indicates the injured worker has ongoing issues with depression in addition to neuropathic pain; as such, the use of Cymbalta in this situation is recommended for treatment of both conditions. As such, the request for Cymbalta 60mg #60 with 5 refills is recommended as medically necessary.

Burpropion XL 150mg #30 with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 27.

Decision rationale: As noted on page 27 of the Chronic Pain Medical Treatment Guidelines Wellbutrin is recommended as an option for the treatment of neuropathic pain. While bupropion has shown some efficacy in neuropathic pain. The documentation indicates the injured worker has ongoing issues with depression in addition to neuropathic pain; as such, the use of Wellbutrin in this situation is recommended for treatment of both conditions. As such, the request for Burpropion XL 150mg #30 with 5 refills is recommended as medically necessary.