

Case Number:	CM14-0135650		
Date Assigned:	08/29/2014	Date of Injury:	05/20/2011
Decision Date:	09/26/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	08/22/2014

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 Occupational 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:

This 49 year old patient had a date of injury on 5/20/2011. The mechanism of injury was not noted. In a progress noted dated 8/7/2014, subjective findings included sneezing causes a wave of pain down both arms, pain level can get up to 9/10 without medications. Without medications, they are 4/10. On a physical exam dated 8/7/2014, objective findings included well developed, well nourished. Mood and behavior are appropriate. Diagnostic impression shows carpal tunnel syndrome, displacement of cervical intervertebral disc without myelopathy. Treatment to date: medication therapy, behavioral modification. A UR decision dated 8/16/2014 denied the request for Cymbalta 60mg #30 x2, stating a 1 month supply is appropriate for followup 1 month later. Gabapentin 300mg #90 x2 was denied, stating a 1 month supply is appropriate for followup 1 month later. Norco 10/325mg #60 x2, stating that the patient is scheduled for followup 1 month later so no refills is appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 60MG #30 WITH 2 REFILLS: Upheld

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

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

Decision rationale: CA MTUS states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. In a progress note dated 8/7/2014, it was noted the Cymbalta helps the patient reduce the dosage of hydrocodone and Gabapentin. However, the patient is noted to return for followup in 1 month, and there was no discussion regarding why this patient would require an additional 2 refills. Therefore, the request for Cymbalta 60mg #30 x2 refills is not medically necessary.

GABAPENTIN 300MG #90 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA:Neurontin.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In a progress note dated 8/7/2014, this patient has documented radicular symptoms, and requires Gabapentin to relieve his nerve symptoms. However, there was no justification provided for a 3 month supply when the patient is noted to have followup in 1 month. Therefore, the request for gabapentin 600mg #90x2 refills is not medically necessary.

NORCO 10/325MG #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress note dated 8/7/2014, it was noted that the opioid reduced pain by 50% and helps his activities of daily living. However, a followup visit is scheduled 1 month later, and there is no justification for a 3 month supply of this narcotic. Therefore, the request for Norco 10/325 #60 x2 refills is not medically necessary.