

Case Number:	CM14-0147358		
Date Assigned:	09/15/2014	Date of Injury:	05/25/2007
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old female with a 5/25/07 date of injury. At the time (8/18/14) of request for authorization for Amlodipine 10mg #30 and Cymbalta 60mg #60, there is documentation of subjective (neck pain) and objective (ambulating without assistance) findings, current diagnoses (degenerative spondylosis of the cervical spine, cervicgia, and cervical radiculopathy), and treatment to date (medications (including ongoing treatment with Atenolol, Amlodipine, and Cymbalta)). Regarding Amlodipine, there is no documentation of hypertension. Regarding Cymbalta, there is no documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cymbalta use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amiodipine 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Diabetes (updated 7/28/14) Hypertension Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Hypertension treatment

Decision rationale: MTUS does not address this issue. ODG identifies documentation of hypertension, as criteria necessary to support the medical necessity of Amlodipine (Norvasc). Within the medical information available for review, there is documentation of diagnoses of degenerative spondylosis of the cervical spine, cervicgia, and cervical radiculopathy. In addition, there is documentation of ongoing treatment with Amlodipine. However, there is no documentation of hypertension. Therefore, based on guidelines and a review of the evidence, the request Amlodipine 10mg #30 is not medically necessary.

Cymbalta 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norepinephrine Serotonin Reuptake Inhibitors (NSRIS) Page(s): 15-1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Antidepressants for chronic pain

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy, as criteria necessary to support the medical necessity of Cymbalta. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degenerative spondylosis of the cervical spine, cervicgia, and cervical radiculopathy. In addition, there is documentation of ongoing treatment with Cymbalta. However, there is no documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cymbalta use to date. Therefore, based on guidelines and a review of the evidence, the request for Cymbalta 60mg #60 is not medically necessary.