

Case Number:	CM14-0153119		
Date Assigned:	09/23/2014	Date of Injury:	06/10/1999
Decision Date:	10/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 60-year-old male with a reported date of injury on 06/10/1999. The mechanism of injury was not listed in the records. The diagnoses include chronic low back pain, chronic facet disease and chronic upper extremity pain. The past treatments included pain medication and physical therapy. There are no relevant diagnostic imaging studies submitted for review. There is no relevant surgical history documented in the records. The subjective complaints on 06/02 included lower back and upper extremity pain. The physical exam noted that the patient is not able to stand for too long. There is less tenderness in his lumbar spine due to his pain medication. The medications include Cymbalta, Klonopin, Protonix, Robaxin and Clinoril. The treatment plan was to refill and continue medication. A request was received for Clinoril 150 mg #30 with 2 refills and Cymbalta 60 mg #60 with 2 refills. The rationale for the request was not provided. The Request for Authorization form was not submitted with the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clinoril 150mg #30 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68..

Decision rationale: The request for Clinoril 150 mg #30 with 2 refills is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines also state that NSAIDs are recommended as a second line treatment after acetaminophen. The injured worker has chronic neck and low back pain. There is a lack of documentation in regard to first line treatment if the injured worker had tried and failed acetaminophen before attempting an NSAID. In the absence of first line treatment the request is not supported by the guidelines. As such, the request is not medically necessary.

Cymbalta 60mg #60 with two refills: Upheld

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

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

Decision rationale: The request for Cymbalta 60 mg #60 with 2 refills is not medically necessary. The California MTUS Guidelines state that Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia. The guidelines also state that Cymbalta is a recommended as a first line option for diabetic neuropathy and there is no high quality evidence to support the use for Cymbalta for the treatment of lumbar radiculopathy. The injured worker has chronic neck and low back pain. There was no evidence in the notes that Cymbalta is being prescribed for anxiety, depression, diabetic neuropathy and/or fibromyalgia. In the absence of the evidence above, the request is not supported by the guidelines. As such, the request is not medically necessary.