

Case Number:	CM14-0185298		
Date Assigned:	11/13/2014	Date of Injury:	09/07/2011
Decision Date:	12/16/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/06/2014

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 Georgia. 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 patient is a 40-year-old female presenting with a work-related injury on September 7, 2011. The patient was diagnosed with lumbar disc displacement, lumbosacral neuritis, postsurgical states, difficult walk low/leg, postlaminectomy syndrome - lumbar, lumbar disc displacement with myelopathy, and lumbago. Undergone a lumbar laminectomy/foraminotomy/discectomy at the left L5-S1 in 2012 with condition and treatment of the lumbar will with complex closure one month later and fusion in March 2013 which was complicated by pneumonia. The physical exam on October 20, 2014 was significant for slight antalgic gait, abnormal sensation over the L5 left dermatomal,+ patellar reflexes on the right, patellar reflex on the left, plus wind Achilles reflex on the right, and zero reflexes at the Achilles on the left, 4 to 5 motor strength in the left lower extremity with mild improved nerve tension sign. MRI of the lumbar spine showed S1 nerve displacement and postop versus the sexes also lateral gutter fusion math possible in the neuroforaminal space. CT myelogram showed severe/moderate stenosis at left L5 - S1. The patient's medications included Cymbalta 60 mg once per day, Nucynta 100 mg ER and Nucynta 50 mg IR PRN and Lyrica 50 mg in the a.m. and 150 mg QHS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine Cap 60 MG #30: Upheld

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

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

Decision rationale: Duloxetine Cap 60mg #30 is not medically necessary. Per CA MTUS, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. The medical records do not appropriately address whether the claimant has depression associated with chronic pain through psychological evaluation. Additionally there was no documentation that the enrollee failed Tricyclics which is recommended by Ca MTUS as first line therapy.

Lyrica Cap 25 MG #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 (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 19.

Decision rationale: Lyrica Cap 25mg #30 is not medically necessary. Per Ca MTUS Pregabalin has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Lyrica is also FDA approved for Fibromyalgia. The claimant was not diagnosed with diabetic neuropathy or postherpetic neuralgia as well as Fibromyalgia. There is also no documentation that the claimant has failed other first line AEDs; therefore, the request is not medically necessary.