

Case Number:	CM14-0101277		
Date Assigned:	07/30/2014	Date of Injury:	01/10/2000
Decision Date:	06/29/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 58 year old female patient, who sustained an industrial injury on 1/10/2000. She reported injury after repetitive motions and after carrying a mat. The diagnoses include cervical spondylosis without myelopathy and lumbar disc displacement without myelopathy. Per the doctor's note dated 5/4/15, she had complaints of neck and low back pain at 7-8/10. Per the progress notes dated 6/9/2014 and 6/16/2014, she had complains of chronic neck and low back pain. Physical examination showed tenderness to the lumbar spine and decreased range of motion, decreased strength and sensation in the right upper and left lower extremity. The medications list includes cymbalta, protonix, naproxen, lipitor, maxxide, toprol, excedrin, valium, soma and norco. She has had lumbar MRI. Treatment to date has included epidural steroid injection, cervical facet injection, radiofrequency ablation, acupuncture, lumbar surgery, physical therapy, cervical traction and medication management. The treating physician is requesting 2 refills of Cymbalta 20 mg #60 and 2 refills of Naproxen 500 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 prescription refills of Cymbalta 20mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta) Page(s): 15.

Decision rationale: Request-2 prescription refills of Cymbalta 20mg, #60Cymbalta contains duloxetine which is Selective serotonin and norepinephrine reuptake inhibitors (SNRIs).Per the Chronic Pain Medical Treatment Guidelines MTUS, duloxetine 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." Per the records provided patient had chronic cervical and lumbar pain with radiculopathy symptoms. She had decreased strength and sensation in the right upper and left lower extremity. She has history of lumbar surgery. SNRIs like cymbalta are a first line option for patients with chronic pain with radiculopathy. The request for 2 prescription refills of Cymbalta 20mg, #60 is medically appropriate and necessary for this patient.

2 prescription refills of Naproxen 500mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

Decision rationale: 2 prescription refills of Naproxen 500mg, #60. Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had chronic neck and back pain with history of lumbar surgery. She has had significant objective findings on physical examination- tenderness to the lumbar spine and decreased range of motion, decreased strength and sensation in the right upper and left lower extremity. NSAIDs are considered first line treatment for pain and inflammation. The request for 2 prescription refills of Naproxen 500mg, #60 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.