

Case Number:	CM14-0213524		
Date Assigned:	12/31/2014	Date of Injury:	03/14/2001
Decision Date:	03/30/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male with an injury date of 03/14/01. Based on the 09/26/14 progress report provided by treating physician, the patient complains of chronic recurrent painful condition affecting his bilateral lower extremities left worse than right, with history of knee injury with complications with deep vein thrombosis with lymphedema. Physical examination to the left knee on 09/26/14 revealed tenderness over the medial meniscal region with some swelling. Also, discoloration and generalized swelling in the left leg and foot area. Motor strength diminished on flexion and extension. Treater states that patient reports a significant relief with current medication regimen which allows him to get out of bed and perform his activities. Pain is rated 7-8/10 without medications, which drops to about 3-4 with current regimen. Patient's medications include Cymbalta, Prilosec, Zanaflex, Norco, Butrans and Celebrex. Cymbalta has been included in patient's prescriptions, per progress reports dated 02/27/14 and 10/16/14. The patient is permanent and stationary. Diagnosis 09/26/14- left knee internal derangement with meniscal tear- bilateral lower extremity deep vein thrombosis with lymphedema, on Coumadin- Chronic pain syndrome Associated Diagnosis, Pulmonology progress note 10/16/14- diabetes mellitus- morbid obesity- deep vein thrombosis- postphlebitic syndrome- dyspnea and respiratory abnormalities. The utilization review determination being challenged is dated 12/01/14. The rationale for Cymbalta is 'modified to #15 for weaning.' Treatment reports were provided from 12/12/13 - 10/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 90mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta. Page(s): 16-17.

Decision rationale: The patient presents with chronic recurrent painful condition affecting his bilateral lower extremities left worse than right, with history of knee injury with complications with deep vein thrombosis with lymphedema. The request is for CYMBALTA 90MG #30. Patient's medications include Cymbalta, Prilosec, Zanaflex, Norco, Butrans and Celebrex. The patient is permanent and stationary. For Cymbalta, the MTUS guidelines page 16-17 states, '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. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks.' UR letter dated 12/01/14 states Cymbalta is 'modified to #15 for weaning.' Cymbalta has been included in patient's prescriptions, per progress reports dated 02/27/14 and 10/16/14. Treater has not documented neuropathic pain. However, per pulmonology progress note dated 10/16/14, patient's associated diagnosis includes diabetes mellitus. Treater states that patient reports a significant relief with current medication regimen which allows him to get out of bed and perform his activities. Pain is rated 7-8/10 without medications, which drops to about 3-4 with current regimen. The request meets guideline indications. Therefore, Cymbalta IS medically necessary.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI: NSAIDs, GI symptoms & cardiovascular risk -MTUS Page(s): 69.

Decision rationale: According to the 09/26/2014 report, this patient presents for a pain management evaluation of the bilateral lower extremities. The current request is for Prilosec 20mg #60 for 'GI irritation.' This medication was first mentioned in the 07/31/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 10/10/2014. The patient's work status is deferred to the primary treating physician. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. 'Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: 1. age > 65 years; 2. history of peptic ulcer, GI bleeding or perforation; 3. concurrent use of ASA, corticosteroids, and/or an anticoagulant; or 4. high dose/multiple NSAID -e.g., NSAID + low-dose ASA. 'MTUs further

states 'Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI.' Review of the provided reports show that the patient is on Celebrex and has 'GI irritation' with medication use. Patient's current medications are BuTran patch, Zanaflex, Cymbalta, Celebrex and Norco. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request IS NOT medically necessary.

Zanaflex 4mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs Page(s): 66.

Decision rationale: According to the 09/26/2014 report, this patient presents for a pain management evaluation of the bilateral lower extremities. The current request is for Zanaflex 4mg #30. The request for authorization is on 10/10/2014. The patient's work status is deferred to the primary treating physician. The MTUS guidelines page 66, 'Tizanidine - Zanaflex, generic available is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain.' However, the MTUS guidelines for muscle relaxers only allow a short course of treatment (2-3 weeks) for acute muscle spasms. The documentation provided indicates that this prescription is for long term use which is not supported by MTUS. This medication was first mentioned in the 02/06/2014 report; it is unknown exactly when the patient initially started taking this medication. The current request IS NOT medically necessary and the recommendation is for denial.