

Case Number:	CM14-0215775		
Date Assigned:	01/05/2015	Date of Injury:	12/08/2000
Decision Date:	02/20/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/23/2014

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 47-year-old female presenting with a work-related injury on December 8, 2000. On November 24, 2014 the patient presented for an office visit. The patient complained of right ankle pain, right lower extremity pain and right foot pain. The patient also complained of tingling over the right leg, right ankle and right foot as well as numbness over the right leg, right ankle and right foot. According to the medical records the patient continues to work. The also noted that the last quality of life has remained the same. The patient's medications include Cymbalta 20 mg, Butrans 5 g, Neurontin 300 mg, Effexor 75 mg, flaxseed oil 1000 mg, lovastatin 40 mg, Protonix 40 mg. The physical exam on that day was non-significant for any pathology. The patient was diagnosed with pain in joint of ankle and foot, pain in joint lower leg, close fracture of unspecified part of tibia and annular, dramatic compartment syndrome lower extremity, injury of multiple peripheral nerves and pelvic girdle and leg. A request was made for Neurontin and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs Page(s): 17-19.

Decision rationale: Neurontin 300mg #90 is not medically necessary. CA MTUS guidelines on pages 17-19 states that Neurontin is recommended for neuropathic pain (pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Additionally, Per MTUS guidelines recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. The claimant did not show improved function on her most recent office visit. Additionally, Neurontin is recommended for neuropathic pain. The injured worker was not diagnosed with neuropathic pain and there are no electrodiagnostic studies to confirm neuralgia; therefore, the requested medication is not medically necessary.

Cymbalta 60mg #30 with 2 refills: 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): 16-17.

Decision rationale: Cymbalta 60mg #30 with 2 refills is not medically necessary. Per CA MTUS guidelines, 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. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. 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. Therefore, this request is not medically necessary.