

Case Number:	CM15-0014464		
Date Assigned:	02/02/2015	Date of Injury:	02/01/2003
Decision Date:	03/30/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/26/2015

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 injured worker is a 69-year-old female who reported an injury on 02/01/2003. The mechanism of injury was not specifically stated. The current diagnosis include right knee internal derangement, chronic pain syndrome, mechanical low back pain, morbid obesity, prescription narcotic dependence, chronic pain related insomnia, chronic pain related depression and neuropathic pain. The injured worker presented on 10/13/2014, with complaints of bilateral upper extremity pain, low back pain and right knee pain. It was noted that the injured worker was status post gastric bypass surgery on 09/26/2014. The injured worker was utilizing Flexeril and Cymbalta. There was no physical examination provided on that date. Recommendations at that time included continuation of the current medication regimen of Motrin 800 mg, Gabaflur ointment and Cymbalta 60 mg. The injured worker was advised to discontinue OxyContin 20 mg. A Request for Authorization form was then submitted on 10/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg for 2 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: California MTUS Guidelines state Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia. It has also been used off label for neuropathic pain and radiculopathy. According to the documentation provided, the injured worker has continuously utilized Cymbalta 60 mg. There is no documentation of objective functional improvement. It is unclear whether the injured worker utilizes Cymbalta 60 mg for neuropathic pain or for depression. There is also no specific quantity listed in the request. Given the above, the request is not medically appropriate.

Unknown prescription of compound med Gabafleur ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended for topical use. The only FDA approved topical NSAID is diclofenac. Given the above, the request is not medically appropriate.