

Case Number:	CM15-0017426		
Date Assigned:	02/05/2015	Date of Injury:	02/07/2003
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/29/2015

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 55 year old male, who sustained a work/ industrial injury on 2/7/03 while working as a machine operator. He has reported symptoms of ongoing severe pain and muscle spasms that would shoot down the left leg along with numbness and weakness. Pain was described as 9/10 without medication and 4/10 with medication. Prior medical history includes melanoma with surgery. The diagnoses have included lumbar disc disease. Examination revealed decreased distal pulses bilaterally, limited range of motion in the lumbar spine, spasm in the lumbar trunk with muscle rigidity and antalgic posturing to the left, positive nerve root tension sign bilaterally with pain radiation to the left buttock and posterior thigh, sensory loss in the left lateral calf and bottom of the foot, weakness in the left thigh flexion and knee extension, absent left Achilles reflex on the left, and decreased on the right, and decreased reflexes in the knees bilaterally. Magnetic Resonance Imaging (MRI) from 5/23/03 noted annular bulging of the disc and a tiny central protrusion at L4-5 with left foraminal and minimal central canal stenosis. Discography was positive at L4-5. Computed Tomography (CT) of the lumbar spine on 8/4/03 noted degenerative disc disease and disc protrusion of L5-S1 on the left that extends into the left neural foramen. Surgical procedure: anterior lumbar interbody fusion was performed 10/29/03. Treatment to date has included medication, a cane for ambulation, physical therapy, trigger point injections, and surgery. The provider requested prescriptions for Lunesta and Cymbalta. On 1/16/15, Utilization Review non-certified Lunesta 3 mg #30 and certified Cymbalta 60 mg #30, noting the Official Disability Guidelines (ODG) for Lunesta, and California Chronic Pain Medical Treatment Guidelines for Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lunesta 3mg #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: Mental Chapter; Treatment for Insomnia

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter: Insomnia

Decision rationale: According to the 12/29/2014 report, this patient presents with ongoing severe back pain and muscle spasm, shooting pain down his left leg with numbness and weakness. The current request is for 1 prescription for Lunesta 3mg #30 for insomnia due to pain. The request for authorization is not provided for review. The patient's work status is not working. Regarding Lunesta, the MTUS and ACOEM Guidelines do not discuss, but ODG Guidelines discuss Lunesta under insomnia and state Lunesta has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine receptor agonist FDA approved for use longer than 35 days. Under Stress chapter, it states "Not recommended for long-term use, but recommended for short-term use." The provided medical reports provided for review show that the patient has sleeping issue due to pain. However, the treating physician does not mention what Lunesta is doing for this patient. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Furthermore, the ODG guidelines do not support long-term use of this medication; and this medication was first mentioned in the 01/13/2013 report. Therefore, the request IS NOT medically necessary.

1 prescription of Cymbalta 60mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17, 43-44.

Decision rationale: According to the 12/29/2014 report, this patient presents with ongoing severe back pain and muscle spasm, shooting pain down his left leg with numbness and weakness. The current request is for 1 prescription for Cymbalta 60mg #30. This medication was first mentioned in the 01/16/2013 report: it is unknown exactly when the patient initially started taking this medication. For Cymbalta, the MTUS Guidelines page 16 and 17 states, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy. In reviewing of the provided reports, the Utilization Review

certified the request for Cymbalta 60 mg #30. The patient is prescribed Cymbalta for depression and neuropathic pain. The MTUS guidelines support the usage of Cymbalta for the treatment of depression and the physician noted that the patient has 50% reduction in pain, and 50% functional improvement with the use of the medications. In this case, given that the patient's neuropathic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. The current request IS medically necessary.