

Case Number:	CM15-0126855		
Date Assigned:	07/13/2015	Date of Injury:	09/05/2013
Decision Date:	08/07/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old man sustained an industrial injury on 9/5/2013. The mechanism of injury is not detailed. Diagnoses include lumbar facet arthropathy, lumbar radiculitis, depression, and anxiety. Treatment has included oral medications and physical therapy. Physician notes dated 5/27/2015 show complaints of low back and left leg pain rated 6.5/10. Recommendations include continue home exercise program, continue medications regimen, lumbar transforaminal epidural steroid injection, surgical intervention, functional restoration program, begin Lidoderm patch, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30 (5 refills): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: This claimant was injured in 2013. Diagnoses included lumbar facet arthropathy, lumbar radiculitis, depression, and anxiety. Treatment has included oral medications and physical therapy. As of May 2015, there were complaints of low back and left leg pain rated 6.5/10. Objective functional improvement outcomes from the medicine regimen were not noted. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, fibromyalgia or musculoskeletal disorders, it is not clear criteria for the conditions have been met, and what objective, functional benefit has been achieved. The request is not medically necessary.

Lidocaine patch 4% #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

Decision rationale: As shared previously, this claimant was injured in 2013. Diagnoses included lumbar facet arthropathy, lumbar radiculitis, depression, and anxiety. Treatment has included oral medications and physical therapy. As of May 2015, there were complaints of low back and left leg pain rated 6.5/10. Objective functional improvement outcomes from the medicine regimen were not noted. Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was not medically necessary.