

Case Number:	CM15-0127765		
Date Assigned:	07/14/2015	Date of Injury:	09/07/2006
Decision Date:	08/12/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/01/2015

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: Emergency 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:

The injured worker is a 58 year old female, who sustained an industrial injury on 9/7/2006. The mechanism of injury is unknown. The injured worker was diagnosed as having status post lumbar fusion with hardware removal, right lower extremity radiculopathy, failed back syndrome, cervical myospasm, intractable pain syndrome and lumbar facet arthropathy. Lumbar magnetic resonance imaging showed postsurgical changes with laminectomy defects, foraminal narrowing and facet spondylosis. Treatment to date has included multiple back surgeries, radiofrequency ablation, cervical epidural steroid injection, lumbar spinal cord stimulator trial, physical therapy and medication management. In a progress note dated 6/3/2015, the injured worker complains of pain in the neck, bilateral shoulder, right upper extremity, upper-mid and low back, bilateral hips, right leg, depression and insomnia. Pain was rated 10/10 without medications and 6/10 with medications. Physical examination showed lumbar tenderness. The treating physician is requesting Cymbalta 60 mg #60 and Klonopin 0.5 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), mental illness and stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: Cymbalta/Duloxetine is a type of SNRI anti-depressant medication. As per MTUS Chronic pain guidelines, anti-depressants may be considered for neuropathic pain. It may also be considered for depression. There is no documented objective improvement in pain or function although patient has been noted to be "stable" on current regimen. There is lack of documentation of objective improvement or decrease in the amount of opioid pain medications the patient is currently taking despite being on this medication. It may be beneficial but the documentation fails to support use of Cymbalta. Cymbalta is not medically necessary.

Klonopin 0.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Clonazepam or Klonopin is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long-term use. There is strong risk of dependence and tolerance develops rapidly. It is unclear if Clonazepam is being used for pain or anxiety. The number of tablets prescribed is not consistent with intermittent use of plan for weaning. Chronic use of benzodiazepine such as Clonazepam is not medically necessary.