

Case Number:	CM15-0129207		
Date Assigned:	07/15/2015	Date of Injury:	11/30/2009
Decision Date:	08/13/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/03/2015

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, 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 injured worker is a 33-year-old female, who sustained an industrial injury on 11/30/2009. She reported back pain due to heavy lifting. Diagnoses have included post lumbar laminectomy syndrome, radiculopathy, spinal-lumbar degenerative disc disease and depression. Treatment to date has included lumbar epidural steroid injection, lumbar fusion and medication. According to the progress report dated 5/28/2015, the injured worker complained of low back pain. She rated the pain as seven out of ten. The pain radiated to the left buttock, left thigh and left leg. She reported that her pain was reduced to four out of ten with medication and she was able to function. Exam of the lumbar spine revealed tenderness to palpation and spasm. Lumbar range of motion was decreased in all planes. Lumbar facet loading was positive on the left side. Straight leg raise was positive on the left side. There were dysesthesias in the left lower extremity, mostly below the knee. Authorization was requested for Cymbalta, Neurontin and Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Regarding the request for duloxetine (Cymbalta), CA MTUS states that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, the provider notes that the medications provide significant pain relief and provides examples of functional improvement. In light of the above, the currently requested duloxetine (Cymbalta) is medically necessary.

Neurontin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, the provider notes that the medications provide significant pain relief and provides examples of functional improvement. In light of the above, the currently requested gabapentin (Neurontin) is medically necessary.

Nucynta 50mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Online Version-Tapentadol (Nucynta).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Regarding the request for Nucynta, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without intolerable side effects and no evidence of aberrant use. In light of the above, the currently requested Nucynta is medically necessary.