

Case Number:	CM15-0172433		
Date Assigned:	09/14/2015	Date of Injury:	03/04/2011
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 70 year old female injured worker suffered an industrial injury on 3-4-2011. The diagnoses included knee pain, hip pain, low back pain, sacroiliac pain, spinal lumbar degenerative disc disease and lumbar radiculopathy. On 8-12-2015 the treating provider reported back pain radiating from low back down both legs and bilateral knee pain rated 7 out of 10 and without medication was rated 8 out of 10. On exam appeared to be depressed, fatigued and in mild pain. The lumbar spine had reduced range of motion. The left hip was tender. The right and left knee had restricted range of motion. The provider noted no signs of aberrant behavior, slurred speech or abuse. Prior treatments included 2 arthroscopic right knee surgeries, lumbar epidural steroid injections and 2 left sacroiliac joint steroid injections. The diagnostics included lumbar and right knee magnetic resonance imaging and lumbar and left hip spine x-rays. The Utilization Review on 8-17-2015 determined non-certification for Cymbalta 60mg #30 and modification Gabapentin 300mg #90 to #60. An 8/12/15 document states that pain with medications is 7/10 and without is 8/10 and that the patient struggles to fulfill daily home responsibilities and does no outside activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Cymbalta 60mg #30 is medically appropriate per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cymbalta can be used off label for neuropathic pain and that Cymbalta is FDA approved for anxiety and depression. The documentation submitted reveals that the patient is on Cymbalta for pain and decreased mood which she states is beneficial, however the documentation does not reveal evidence of significant objective improvement in pain or function to necessitate the continued use of Cymbalta. This request is therefore not medically necessary.

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Gabapentin 300mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of antiepileptics such as Gabapentin treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has been on Gabapentin without any significant evidence of functional improvement or pain relief on the documentation submitted. Therefore, the request for continued Gabapentin is not medically necessary.