

Case Number:	CM15-0029524		
Date Assigned:	02/23/2015	Date of Injury:	09/27/2002
Decision Date:	04/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/17/2015

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 59 year old, male patient, who sustained an industrial injury on 09/27/2002. A primary treating office visit dated 12/23/2014 reported subjective complaint of continued total body pain, chronic fatigue, and problem sleeping. The pain seems better taking medications. Also with complaint of neck, shoulders and lower back pains with note that the topical gel helps especially with the low back pain. Objective findings showed trigger point tenderness, right hand traumatic amputation 3rd and 5th digits and bilateral wrist tenderness. He is diagnosed with lumbago, myalgia and myositis, internal derangement knee. The oplan of care involved continue Cymbalta, Tizanidine, Naproxen, Prilosec, and Flurbiprophen A request was made for 1 prescription of Cymbalta 60MG #30 with 3 refills. On 01/27/2015, Utilization Reveiw, non-certified the request, noting the CA MTUS, Chronic Pain, Anti-Depressants was cited. On 02/17/2015, the injured worker submitted an application for independent medical review or services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Cymbalta 60mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Pages 13-16 Page(s): 13-16.

Decision rationale: The requested 1 prescription of Cymbalta 60mg #30 with 3 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that Cymbalta is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy." The injured worker has continued total body pain, chronic fatigue, and problem sleeping. The pain seems better taking medications. Also with complaint of neck, shoulders and lower back pains with note that the topical gel helps especially with the low back pain. Objective findings showed trigger point tenderness, right hand traumatic amputation 3rd and 5th digits and bilateral wrist tenderness. He is diagnosed with lumbago, myalgia and myositis, internal derangement knee. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication. The criteria noted above not having been met, 1 prescription of Cymbalta 60mg #30 with 3 refills is not medically necessary.

Unknown prescription of Flubiprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69 Page(s): 111-112, 68-69.

Decision rationale: The requested Unknown prescription of Flubiprofen, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has continued total body pain, chronic fatigue, and problem sleeping. The pain seems better taking medications. Also with complaints of neck, shoulders and lower back pains with note that the topical gel helps especially with the low back pain. Objective findings showed trigger point tenderness, right hand traumatic amputation 3rd and 5th digits and bilateral wrist tenderness. He is diagnosed with lumbago, myalgia and myositis, internal derangement knee. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, Unknown prescription of Flubiprofen is not medically necessary.

