

Case Number:	CM15-0046412		
Date Assigned:	03/18/2015	Date of Injury:	07/10/2002
Decision Date:	04/23/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/11/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 65 year old female, who sustained a work/industrial injury on 7/10/02. She has reported initial symptoms of neuropathic pain in the ankle. The injured worker was diagnosed as having chronic neuropathic pain and reflex sympathetic dystrophy of the lower right leg, anxiety, and depression. Treatments to date included surgery (decompression of the distal sciatic and posterior tibial nerves in the right popliteal fossa with decompression of the posterior tibial nerve at the tarsal tunnel), spinal cord stimulation. Currently, the injured worker complains of right leg pain. The treating physician's report (PR-2) from 2/13/15 indicated the injured worker had fewer tremors and some relief of pain to the right lower extremity with the stimulator on. Pain score was 4/10 with medication and 8/10 without. Examination revealed normal reflexes, moderate pressure and light touch allodynia in the right distal ankle, reduced right lower extremity temperature compared to the left, and tender to palpation to the paraspinals. Gait was antalgic with weakness, posture was normal, strength was decreased in both lower extremities, and pulses were normal. Medications included Alprazolam, Norco, Gabapentin, Cymbalta, and Ambien. Treatment plan included one (1) prescription of Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Cymbalta 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Cymbalta Page(s): 13, 16, 107; 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cymbalta.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, one prescription Cymbalta 60 mg #30 is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Is FDA approved for treatment of depression, generalized anxiety disorder, and treatment of diabetic neuropathy. The effect is found to be significant by the end of week one. In this case, the injured worker's working diagnoses are essential tremor; neuropathic pain; status post spinal cord stimulator implant; anxiety/depression; and reflex sympathetic dystrophy. A progress note dated September 19, 2014 shows the treating physician changed Wellbutrin XL 150 mg to Cymbalta. The VAS pain scale was 8/10 without medications and 4/10 with medications. A follow-up progress note dated October 2014 shows the VAS pain scale was 8/10 without medication and 4/10 with medications (on Cymbalta). A progress note dated January 16, 2015, while the injured worker was on Cymbalta, showed a VAS pain scale 8/10 without medication and 4/10 with medication. The most recent progress note dated February 13, 2015 (while still on Cymbalta) showed the VAS pain scale was 8/10 without medication and 4/10 with medication. There is no documentation with objective functional improvement. The treating physician's plan was to refill medications. Additional medications listed are Gabapentin, Alprazolam, and Ambien. Consequently, absent compelling clinical documentation with objective functional improvement with no change in the VAS pain scale over six months, one prescription Cymbalta 60 mg #30 is not medically necessary.