

Case Number:	CM15-0073539		
Date Assigned:	04/23/2015	Date of Injury:	02/26/2011
Decision Date:	05/21/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/17/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 (IW) is a 33-year-old female who sustained an industrial injury on 02/26/2011. Diagnoses include low back pain, spasm of muscle and right knee pain. Treatment to date has included medications, right knee surgery, physical therapy and home exercise program. Diagnostics included electrodiagnostic testing, x-rays and MRIs. According to the progress notes dated 3/30/15, the IW reported increased burning, tingling pain in the right knee. She rated her pain 8/10 with medications and 9/10 without them; she stated medications were working well. A request was made for Cymbalta 30mg, #15 for burning pain in right knee and Norco 10-325mg, #25 for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. The claimant had been on Cymbalta for several months. There was no indication of tricyclic failure. The continued use is not supported by any evidence and is not medically necessary.

Norco 10/325mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with Vicodin (duplicating ingredients) as well as Ibuprofen. Pain relief attributed to Norco alone cannot be determined. There was no indication of Tricyclic failure. Continued use of Norco is not medically necessary.