

Case Number:	CM15-0079121		
Date Assigned:	04/30/2015	Date of Injury:	08/19/2009
Decision Date:	05/29/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/24/2015

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 is a 62 year old male, who sustained an industrial injury on 8/19/2009. He reported a trip and fall with injury to the knees, hips, back, shoulders, and head. This was then followed by at least two additional events documented as having merchandise falling onto the back of his head and having a pallet of merchandise hit him on the left side of the head and shoulders. Diagnoses include neck pain, carpal tunnel syndrome, lumbago, chronic pain, post-traumatic stress, chronic headaches and shoulder arthritis. Treatments to date were not documented in the medical records submitted for this review. Currently, he complained of increased pain and anxiety with feeling of paranoia and persecution, and sleep disturbances, secondary to denied access to medications. On 3/12/15, the physical examination documented tender cervical muscles. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg quantity unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.

Cymbalta 60mg quantity 30 with three refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration, Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-18.

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. In addition, Cymbalta is indicated for neuropathic pain related to diabetes and is off label for neuropathic or radicular pain. It is not approved for other chronic joint pain. Cymbalta is however approved and appropriate for mood disorders, depression and anxiety. The claimant did respond to anxiety with these medications as a result, the use of Cymbalta for anxiety and PTSD is appropriate and medically necessary.

Buspar 10mg quantity 90 with three refills: Overturned

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

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

Decision rationale: Buspar is an anxiolytic. According to the guidelines an SNRI or SSRI could be used for depression anxiety, PTSD. In this case, the claimant had been on Cymbalta for management of such symptoms. However, when the claimant's medications were reduced, the anxiety had flared, indicating the combination of the medications was beneficial and the continued use of Buspar is appropriate and medically necessary.