

Case Number:	CM15-0090029		
Date Assigned:	05/14/2015	Date of Injury:	10/09/2013
Decision Date:	06/16/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 injured worker is a 29 year old male, who sustained an industrial injury on 10/9/2013. He reported low back pain due to repetitive motion. The injured worker was diagnosed as having lumbar radiculopathy, lumbar facet arthropathy, lumbar myofascial strain and lumbago. Treatment to date has included medications, chiropractic therapy, acupuncture, and electro-diagnostic studies. The request is for Gabapentin, and Duloxetine. On 3/31/2015, he had continued low back pain. He reported needing increased dose of Norco and was taking 4 tablets per day. He reported his pain level without Norco would be a 9/10 and with Norco, it is 7-8/10. He reported having some dizziness with Gabapentin, and that it provided him with minimal pain relief. The treatment plan included: physical therapy, home exercise program, increase Gabapentin, discontinue Naproxen, Prilosec and Pamelor, follow up in 4 weeks, prescribe Norco, and initiate Cymbalta (Duloxetine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, “Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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.” There is no clear evidence that the patient has a neuropathic pain. Furthermore, there are no controlled studies or evidence that Gabapentin is effective in back pain. There is no documentation of efficacy of previous use of Gabapentin. Therefore, the prescription of Gabapentin 600mg #180 is not medically necessary.

Duloxetine DR 30mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 15-16.

Decision rationale: Duloxetine is FDA approved for diabetic neuropathy. It is also used off label for neuropathic pain and radiculopathy. There is no high quality evidence to support its use for back pain. There is no clear evidence that the patient have diabetic neuropathy. A prolonged use of Cymbalta in this patient cannot be warranted without continuous monitoring of its efficacy, the drug was used off label. Therefore, the request of Duloxetine DR 30mg #30 is not medically necessary.