

Case Number:	CM15-0097974		
Date Assigned:	06/01/2015	Date of Injury:	08/19/2008
Decision Date:	07/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/20/2015

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: North Carolina
 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 55-year-old female, with a reported date of injury of 08/19/2008. The diagnoses include lumbar disc injury, lumbar facet arthralgia, bilateral sacroiliac arthralgia, right more than left, and right sciatica. Treatments to date have included oral medications. The follow-up evaluation dated 04/08/2015 indicates that the injured worker had low back pain with radiation down the right lower extremity to the foot. She would take Cymbalta 30mg twice a day with Neurontin 300mg, Diclofenac, and Nucynta, which were beneficial in alleviating her low back pain. The physical examination of the low back showed decreased lordosis, positive right Kemp's sign, limited range of motion with pain, moderate tenderness over the right more than left L5-S1, the sacroiliac joint, L3-5 level, and sciatic notch. The injured worker was experiencing a flare-up. The treatment plan included the continuation with the use of Chondroitin, Glucosamine with Cymbalta, and Gabapentin. Neurontin would be added to address the abnormal sensation. The treating physician requested Cymbalta 30mg #60 with six refills, Neurontin 300mg #30 with six refills, and Neurontin 100mg #60 with six refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg, #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant Page(s): 11-13.

Decision rationale: The California MTUS section on Cymbalta states: Duloxetine (Cymbalta): 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 patient does not meet criteria for use of this medication as outlined above. Therefore, this request is not medically necessary.

Neurontin 300mg, #30 with 6 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gaborone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and post-herpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. Recommendations involving combination therapy require further study. The patient has the diagnosis of neuropathic pain in the form of radiculopathy. Therefore, the request is medically necessary and appropriate.

Neurontin 100mg, #60 with 6 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section on Neurontin states: Gabapentin (Neurontin, Gaborone, generic available) has been shown to be

effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This RCT concluded that Gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and post-herpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. Recommendations involving combination therapy require further study. The patient has the diagnosis of neuropathic pain in the form of radiculopathy. Therefore, the request is medically necessary and appropriate.