MAXIMUS Federal Services

Case Number:	CM14-0149041		
Date Assigned:	09/18/2014	Date of Injury:	08/23/2010
Decision Date:	10/22/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/13/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 39-year-old male who reported an injury on 08/23/2010. The mechanism of injury was not submitted for clinical review. The mechanism of injury was when the injured worker stepped into a hole and hyperextended his knee. The diagnosis included knee degenerative joint disease, neuralgia, lumbar degenerative disc, and lumbago. The previous treatments included medication, x-rays, EMG, NCV, MRIs and the use of a brace. Within the clinical note dated 08/13/2014, it was noted the injured worker reported experiencing more pain and is running out of medication. Upon the physical exam, the provider noted the injured worker had tenderness to palpation of the lumbar spine. Reduced strength of the left dorsiflexor was noted. The injured worker had a left seated positive straight leg raise. The range of motion of the left knee was intact. The provider requested Norco and Cymbalta for pain. However, the Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 75/325mg, #100 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, Page(s): 78.

Decision rationale: California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not submitted for clinical review. As such, this request is not medically necessary.

Cymbalta 30mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), Page(s): 43.

Decision rationale: The California MTUS Guidelines recommend Cymbalta as an option in the first line treatment of neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. The guidelines note antidepressants are recommended as an option for radiculopathy. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.