

Case Number:	CM13-0001687		
Date Assigned:	05/02/2014	Date of Injury:	11/03/2004
Decision Date:	06/02/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/16/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 35-year-old male presenting with chronic pain following a work-related injury on November 3, 2004. On May 28, 2013 the enrollee presented with complaints of ongoing lowback pain that radiates to the bilateral hips. The pain is exacerbated by lifting heavy objects. The pain is also described as shooting down the back of the legs intermittently. The pain is rated at a 6 out of 10 with medications and a TENS unit out of 10 without medication. The pain is also exacerbated by sleeping the wrong way, prolonged walking, sitting, bending, and stooping. The pain is relieved with lying flat on the back, taking medications and not moving. The physical exam was significant for an Oswestry disability index score of 24 equal 48%, lumbar flexion 90°, extension 10°, left and right bending 45°, tenderness throughout the paraspinal muscles and bilateral hips. MRI of the lumbar spine on May 8, 2012 was significant for central disc herniation at L4-5 causing mild to moderate spinal stenosis at this level. The claimant's medications include morphine 80 mg once a day Norco 4 times a day and Percocet 6 times per day. The claimant was prescribed Cymbalta 30 mg a day and to titrate up to 60 mg and to start Opana ER 10 mg twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF CHIROPRACTIC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Section.

Decision rationale: Per CA MTUS Chiropractor therapy is considered manual therapy. This therapy is recommended for chronic pain caused by musculoskeletal conditions. Manual therapy as well as the use in the treatment of muscular skeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. For low back pain manual therapy is recommended as an option. Therapeutic care requires a trial of six visit over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective maintenance care is not medically necessary. For recurrences/flareups the need to reevaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months. A request for chiropractor therapy 8 visits does not meet Ca MTUS guidelines. There is lack of documentation of quantified subjective, objective and functional improvement with previous chiropractor therapy. Additional chiropractor therapy is therefore not medically necessary.

CYMBALTA 30MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine) & Antidepressants For Chronic Pain Sections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressant Section Page(s): 13.

Decision rationale: The California MTUS page 13 states that antidepressants are recommended as first-line option for neuropathic pain, as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they're ineffective, poorly tolerated, or contraindicated. Cymbalta (Duloxetine) is a serotonin-norepinephrine reuptake inhibitor. Per Ca MTUS SNRIs is a class of antidepressants that inhibit serotonin and norepinephrine reuptake and are controversial based on controlled trials. It is been suggested that the main role of SNRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SNRIs and pain. According to the medical records, the provider prescribe Cymbalta to help him decrease the opioid medications, he did not address whether the claimant has depression associated with chronic pain through psychological evaluation. Additionally there was no documentation that the enrollee failed Tricyclics which is recommended by Ca MTUS as first line therapy. The request is not medically necessary or appropriate.

OPANA ER 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 79.

Decision rationale: Opana ER 10mg #60 is not medically necessary. Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant continued to complain of pain. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid; therefore the requested medication is not medically necessary.

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 79.

Decision rationale: Norco 10/325mg # 120 is not medically necessary. Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant continued to complain of pain. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid; therefore Norco is not medically necessary.