

Case Number:	CM13-0009901		
Date Assigned:	12/11/2013	Date of Injury:	05/09/2003
Decision Date:	02/14/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

This is a male patient with a date of injury of May 9, 2003. A utilization review determination dated July 30, 2013 recommends modified certification of oxycodone IR, modified certification of Valium, modified certification of Cymbalta, and certification of Skelaxin, Androgel, and OxyContin. A urine drug screen performed on February 2, 2012 is positive for THC, Fentanyl, oxycodone, and diazepam (and metabolites). A note dated August 9, 2012 identifies, "the patient also received medication of Percocet for breakthrough pain, diazepam, Amrix and Skelaxin for muscle spasms, Testim gel for hypogonadism secondary to chronic opiate use and the Cymbalta for depression and neuropathy. He states that all of the medications are well tolerated. They help to make his symptoms more manageable. They allow him to remain active and functional and able to perform his activities of daily living." A progress report dated September 12, 2013 identifies subjective complaints stating, "last month we decreased oxycodone from 6 per day to 5 per day at the request of work comp. Patient states he was able to manage with lower dose, but experienced discomfort in legs - he noticed he was not able to walk as long only about ½ mile per day compared to a full mile (illegible) before. He also awoke more times at night with discomfort - he is willing to try another month at the reduced dose hoping he will adjust to it." Objective examination findings identify, "discomfort with flexion and extension of lumbar spine, myofascial tightness and discomfort in lumbar spine, slightly (illegible) left leg while walking." Diagnoses include failed back surgery syndrome, bilateral leg pain, and opiate induced hypogonadism. Treatment plan recommends OxyContin 60 mg twice a day, oxycodone 15 mg max 5 per day, Skelaxin 800 mg one time in the morning, Tizanidine 1-2 at night, AndroGel, and Cymbalta. A progress report dated August 14, 2013 states, "medications are (illegible) good relief of his pain, depression and

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Oxycodone IR 15mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 of 127.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for Oxycodone IR, California Pain Medical Treatment Guidelines state that Oxycodone IR is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it does appear that reduction of the patient's opiate has worsened function. Therefore, it can be presumed that the opiates improve the patient's function. Additionally, there is documentation that there are no side effects and there have been no reports of aberrant use. However, there is no recent urine drug screen, and no identification of an opiate agreement in place. Additionally, a previous urine drug screen identifies THC, a metabolite of marijuana. There is no documentation that the patient has a prescription for medical marijuana (which is legal for medical use in the state of California). Additionally, there is no documentation of any specific analgesic effect as a result of the oxycodone (in terms of reduced numeric rating scale or percent reduction in pain). In the absence of such documentation, the currently requested oxycodone is not medically necessary.

Valium 10mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 24 of 127.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for Valium, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use. Most guidelines limit their use to 4 weeks. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the Valium. Additionally, there is no indication that the Valium is being prescribed for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Valium is not medically necessary.

Prescription of Cymbalta 60mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for Cymbalta, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the Cymbalta provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. Additionally, if the Cymbalta is being prescribed to treat depression, there is no documentation of depression, and no objective findings which would support such a diagnosis (such as a mini mental status exam, or even depressed mood). In the absence of clarity regarding those issues, the currently requested Cymbalta is not medically necessary.