

Case Number:	CM13-0015177		
Date Assigned:	10/10/2013	Date of Injury:	11/03/2004
Decision Date:	01/09/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/22/2013

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 Family Practice, 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:

The patient is a 35-year-old male who reported an injury on 11/03/2004. The patient's symptoms were noted to include lower back pain, with occasional radiation into his hips and his left foot, and occasional numbness in his legs. Objective findings included tenderness to palpation of the L5 spinous process and laterally at the lumbosacral area. Other objective findings include decreased range of motion of the lumbar spine, positive straight leg test on the left side, normal sensation, and normal motor strength of the bilateral extremities. His diagnoses were listed as a lumbar sprain, low back pain, radiculitis of the lumbar spine, and somatic dysfunction of the lumbar spine. The patient was noted to have been previously approved for 6 chiropractic visits. The patient's medications are listed as Fentanyl 25 mcg every 3 days, Percocet 10/325 mg 8 pills a day, Cymbalta 60 mg twice a day, and Tegaderm patches to use over the Fentanyl patches. It was also noted that the patient does have a pain contract, random urine drug screens were setup, and his functional roles were being met with the use of the medications. He was able to work full duty with his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) Sessions of chiropractic treatment between 5/28/2013 and 9/22/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): page 58.

Decision rationale: The patient was noted to have symptoms of low back pain, with radiation into his hips and left foot, and occasional numbness. His diagnoses are noted as a lumbar sprain, low back pain, radiculitis of the lumbar spine, and somatic dysfunction of the lumbar spine. The California MTUS Guidelines recommend manipulation and manual therapy for the treatment of musculoskeletal pain. It states that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For low back pain, the guidelines recommend a trial of 6 visits over 2 weeks. A total of up to 18 visits over 6 to 8 weeks can be recommended with evidence of objective functional improvement following the initial trial. The patient was noted to attend his 4th visit of physical therapy on 10/23/2013. At that visit, it was noted that his lumbar spine range of motion was 50 degrees in flexion, 6 degrees in extension, 25 degrees of left lateral flexion, and 22 degrees of right lateral flexion. The patient rated his pain at that visit as a 7/10. Prior to the chiropractic treatment, at a 05/28/2013 visit, the patient's lumbar range of motion was noted to be flexion of 90 degrees, extension of 10 degrees and left and right side bending to 45 degrees. In comparing the documentation of subjective and objective problems from prior to chiropractic care and at the patient's fourth visit, it is shown that the lumbar range of motion was actually further decreased after 4 visits of chiropractic care and his pain had increased to a 7/10 from a 6/10. Due to a lack of positive symptomatic or objective measurable gains in functional improvement with chiropractic care, the request for further chiropractic visits is not supported by guidelines. Therefore, the requested service is non-certified.

1 Prescription of Cymbalta 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): pages 43-44,13-16.

Decision rationale: The patient's diagnoses are noted as a lumbar spine sprain, low back pain, radiculitis of the lumbar spine and somatic dysfunction of the lumbar spine. The patient's medications were noted to be Cymbalta 60 mg twice a day, Fentanyl 25 mcg every 3 days, and Percocet 10/325 mg 8 pills a day. The request for Cymbalta 30 mg does not indicate how the patient was being instructed to take the medication, nor does it indicate the frequency or quantity of the prescription. According to the California MTUS Guidelines, Cymbalta is FDA-approved to treat anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also noted to be used off-label for neuropathic pain and radiculopathy. However, it is noted that there are no high quality studies with evidence to support the use of Cymbalta for lumbar radiculopathy. The guidelines also state that the starting dose for Cymbalta is 20 to 60 mg per day and no advantage had been found by increasing the dose to twice a day, except in fibromyalgia. As the request for Cymbalta is not clear on how the claimant is taking it, and as recent notes suggest that the patient is taking

60 mg twice a day, which exceeds the recommendations by the California MTUS Guidelines; the request for Cymbalta is not supported. Therefore, the request is non-certified.

1 Prescription of Norco #30: Upheld

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

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

Decision rationale: The patient's diagnoses include low back pain, lumbar radiculitis, lumbar strain, and somatic dysfunction of the lumbar spine. An office note dated 06/25/2013 stated that the patient reported that Norco "does absolutely nothing for his pain." It was noted that the patient would be switched to Percocet 10/325 mg for breakthrough pain. At the patient's most recent visit with the treating physician, his medications were noted to include Fentanyl 25 mcg every 3 days, Percocet 10/325 mg 8 pills a day, Cymbalta 60 mg twice a day, and Tegaderm patches to use over the Fentanyl patches. It was not noted that Norco was being re-prescribed for this patient. California MTUS Guidelines state that for the ongoing management of opioids, a pain assessment should be documented, including the patient's current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioids, how long it takes for pain relief, and how long pain relief lasts. The guidelines further state that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There also should be documentation of the patient's pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug-related behaviors. As the clinical documentation submitted for review suggests that the patient was prescribed Percocet in place of his Norco prescription, and as there is an absence of detailed documentation of pain relief, functional status, and appropriate medication use of opioid medications; the requested medication is not supported by guidelines at this time. Therefore, the request is non-certified.