

Case Number:	CM13-0015910		
Date Assigned:	12/11/2013	Date of Injury:	12/23/2008
Decision Date:	01/28/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/23/2013

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 Orthopedic Surgery, 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 52-year-old female who reportedly suffered an injury to her back on December 23, 2011. She has undergone lumbar discectomy in July of 2012. The records reflect that she has continued to have ongoing pain complaints. The request was to determine the medical necessity of ongoing medication needs including Percocet refill 10 mg tabs total of 30, Lidoderm patches and Cymbalta 30 tabs with refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids.

Decision rationale: The MTUS Guidelines state that ongoing narcotic medications should be carefully monitored to ensure that patients are seeing reasonable documented benefit including documented evidence of functioning, pain reduction as well as observations for abhorrent pain behaviors and/or side effects. The records in this particular case do not inclusively identify the patient as seeing meaningful benefit from the continued narcotic prescriptions. While it would

not be unusual for patients to require some type of analgesic medications for persistent back complaints following lumbar surgery, the records nevertheless do not exclusively identify convincing evidence that this patient requires narcotic medications on an ongoing basis. As such, in the absence of documentation of that degree, the request cannot be considered reasonable or medically necessary.

Lidoderm Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Topical Lidoderm patches can be considered a reasonable option to manage back pain. It would appear, from the records provided, with the above statements acknowledged and in consideration of the MTUS Guidelines, the records do not conclusively identify that this patient has seen any meaningful benefit from these medications.

Cymbalta: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta..

Decision rationale: The Cymbalta can be considered a reasonable option for short term management of patients with back pain. Its efficacy over the long term, however, is not documented. Furthermore, it can be considered a reasonable option for patients with a history of depression. Unfortunately, the medical records in this particular case have not documented its benefit in the short term for use in back pain nor has there been conclusive evidence that this patient requires this medication for depression. As such, and in consideration of the MTUS Guidelines, the request cannot be considered reasonable or medically necessary.