

Case Number:	CM13-0016262		
Date Assigned:	11/06/2013	Date of Injury:	10/09/2006
Decision Date:	02/11/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/26/2013

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 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 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 claimant is a 57-year-old male presenting with low back pain following a work-related injury on October 9, 2006. The claimant presented on July 31, 2013 with complaints of new right-sided low back pain with radiation down the leg exacerbated by a fall 2 weeks prior to the visit. He reports worsening pain that similar to the preoperative pain as well as increased muscle spasms secondary to the exacerbation. The claimant is status post lumbar fusion in 2011. His physical exam is significant for antalgic gait, pain and difficulty with transfers from sitting to standing, decreased range of motion for flexion and extension, paraspinous muscle tenderness with spasm, and decreased range of motion of the left shoulder with pain. The claimant's medications include Cymbalta 60 mg once per day fentanyl 100 μ g per hour 1 patch every 72 hours, hydromorphone 4 mg 1 tablet 3 times a day for pain, Promolaxin 1-3 tablets once per day, and tizanidine 3-4 tablets by mouth at bedtime. The claimant has tried nerve blocks, epidural steroid injections and physical therapy. MRI of the left upper extremity was significant for probable deterioration supraspinatus and infraspinatus before meals joint arthritis spurring and abnormalities which impinges upon the supraspinatus. The claimant was diagnosed with lumbar disc displacement, lumbar radiculopathy, myalgia and myositis, tobacco use disorder, and constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF CYMBALTA 60MG #30 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 15.

Decision rationale: Cymbalta is not medically necessary. Per CA MTUS, Duloxetine (Cymbalta®): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. The claimant was diagnosed with lumbar radiculopathy, therefore Cymbalta is not medically necessary

1 PRESCRIPTION OF FENTANYL 100MG/HR #10 HOURS: Upheld

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

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

Decision rationale: Fentanyl 100mcg/hour # 10 for the claimant's chronic pain 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 claimant continued to report pain. Fentanyl is not medically necessary based on the fact that the claimant did not show an improvement in function or return to work with previously prescribed opioids. Additionally, Per MTUS guidelines the claimant who receives long-term opioids is at risk for Opioid Hyperalgesia and other adverse outcomes. It would be in the best interest of the claimant to wean off opioid therapy.

1 PRESCRIPTION OF TIZANIDINE 2MG #120 BETWEEN 7/31/2013 AND 10/7/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 65.

Decision rationale: Tizanidine 2 mg # 120 is not medically necessary. According to MTUS page 65, Tizanidine is a centrally acting alpha2- adrenergic agonist that is FDA approved for

management of spasticity; unlabeled use for low back pain. MTUS further states that Tizanidine may be used as first line option to treat myofascial pain. The claimant was diagnosed with several diagnoses including myalgia and lumbar radiculitis. It is not clear what the Tizanidine is prescribed for and the length of time. If Tizanidine was prescribed for any of his diagnosis other than muscle spasticity, use for would be off label. Tizanidine is therefore not medically necessary.