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| Case Number: | CM13-0025637 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 05/08/2001 |
| Decision Date: | 05/14/2014 | UR Denial Date: | 09/17/2013 |
| Priority: | Standard | Application Received: | 09/23/2013 |

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 Occupational Medicine 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 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 applicant is represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, sleep disturbance, and major depressive disorder reportedly associated with an industrial injury of May 8, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; supplemental testosterone; psychotropic medications; and a spinal cord stimulator implantation and subsequent removal of the same. In a utilization review report of September 17, 2013, the claims administrator approved a request for Trazodone, approved a request for AndroGel, denied a request for Cymbalta, approved a request for Norco, denied a request for Medrol Dosepak, and partially certified a request for Oxymorphone (Dilaudid), seemingly for weaning purposes. The applicant's attorney subsequently appealed. The claim administrator modified the above disputes on 12/18/2013, approving Cymbalta 60 mg # 30 with 1 refill, Medrol (Pak) 4mg dose pack SIG 6, and Oxymorphone 40 mg # 45. In a clinical progress note of September 10, 2013, the applicant was described as having a flare-up of back pain, leg pain, and neck pain. A Medrol Dosepak was therefore endorsed for the applicant's back pain radiating to the left leg. The applicant reported 10/10 pain without medications and 2 to 3/10 pain with medications. The applicant's medication list included AndroGel, Cymbalta, Norco, extended-release Oxymorphone, and Desyrel. The applicant was given refills of AndroGel, Cymbalta, Norco, Medrol, Opana, and Desyrel. In September 21, 2013 letter of appeal, the attending provider states that the applicant has treated his depression for years with Cymbalta. The attending provider goes on to further appeal denials of Medrol and Opana.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CYMBALTA 60 MG, #30 WITH 1 REFILL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Official Disability Guidelines (ODG), ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) AND CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANTS SECTION AND DULOXETINE SECTION, PAGE 402 AND PAGE 15

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 15, page 402, antidepressants may be helpful to alleviate symptoms of depression. In this case, the attending provider has seemingly posited that Cymbalta has been effective in treating the applicant's ongoing issues with depression. As further noted on page 15 of the MTUS Chronic Pain Medical Treatment Guidelines, Cymbalta can also be employed off label in the treatment of radiculopathy, also present here. Thus, in this case, given the applicant's ongoing issues with chronic pain syndrome/lumbar radiculopathy and depression, Cymbalta is a particularly appropriate choice. The attending provider has posited that the applicant has responded favorably to introduction of the same. Therefore, the request is certified, on independent medical review.

1 PRESCRIPTION OF MEDROL DOSEPAK 4MG # 21: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308, does states that oral corticosteroids are "not recommended," this is a topic which has been supplanted by more recent Guidelines. As noted in the Third Edition ACOEM Guidelines Low Back Chapter, Glucocorticosteroids such as Medrol are recommended for the treatment of acute and severe radicular pain syndrome for the purposes of turning a short-term reduction in pain. In this case, the applicant presented to the attending provider on September 10, 2013, reporting a flare of low back pain radiating to the leg. There was some evidence of acute radicular symptomatology present on the office visit in question, which did warrant a short course of oral steroids such as those provided here. The request for 1 prescription of Medrox Dosepak 4 mg # 21 is medically necessary and appropriate.

1 PRESCRIPTION OXYMORPHONE 40 MG # 60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: Oxymorphone is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, the attending provider, through several progress notes and appeal letters, established the presence of these criteria. The attending provider has documented appropriate reduction in pain scores achieved as a result of ongoing Oxymorphone therapy. The attending provider has stated that the claimant's ability to perform activities of daily living, including household chores, communication, travel, and self care have all been ameliorated as a result of ongoing opioid therapy. The request for 1 prescription of Oxymorphone 40 mg # 60 is medically necessary and appropriate.