

Case Number:	CM13-0025789		
Date Assigned:	11/20/2013	Date of Injury:	06/06/2003
Decision Date:	01/14/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/18/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 57 year old female with history of chronic back pain from work injury dated June 6, 2003. The patient was diagnosed with chronic back pain, radiculitis, and lumbago and received treatment with injections, medications, rhizotomies, physical therapy and chiropractic therapy.. MRI dated 5/2/13 showed severe degenerative disc disease at L5/S1 with left disc bulge and lateral disc causing contact with left L5 nerve root. On August 27, 2013 a request for Toradol injection 60 mg between July 30, 2013 and October 11, 2013; Cymbalta, 30 mg , #30 with 3 refills; Cymbalta, 60 mg, #30 with 3 refills; Ibuprofen 800 mg. #90 with 3 refills, and Norco 10/325, # 200.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol inj 60 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Section Page(s): s 22, 60, 67-68.

Decision rationale: Toradol is a nonsteroidal antiinflammatory drug. Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of

treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be recorded. Adverse effects for Toradol include renal injury. In this case the patient had been receiving the medication for several months without relief. The request is denied.

Cymbalta 30 mg cap #30 with three (3) refills: Upheld

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 Pain Interventions and Treatments Section Page(s): s 13, 42-44.

Decision rationale: Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SRNI). It has FDA approval for treatment of pain related to diabetic neuropathy. Antidepressants have been recommended as a first line option for neuropathic pain. They have been found to be slightly more effective than placebo for the treatment of low back pain. SNRI's have not been evaluated for the treatment of low back pain. This medication is not FDA approved for this condition and there are no studies to support the use of this medication in this case. The request is denied.

Cymbalta 60 mg #30 with three (3) refills: Upheld

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 Pain Interventions and Treatments Section Page(s): s 13, 42-44.

Decision rationale: Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SRNI). It has FDA approval for treatment of pain related to diabetic neuropathy. Antidepressants have been recommended as a first line option for neuropathic pain. They have been found to be slightly more effective than placebo for the treatment of low back pain. SNRI's have not been evaluated for the treatment of low back pain. This medication is not FDA approved for this condition and there are no studies to support the use of this medication in this case. The request is denied.

Ibuprofen 800 mg #90 with three (3) refills: Upheld

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 Pain Interventions and Treatments Section Page(s): s 22, 60, 67-68.

Decision rationale: Ibuprofen is a nonsteroidal anti-inflammatory drug. Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be recorded. In this case the patient had been receiving the medication for several months without relief. The request is denied.

Norco 10-325 mg #200: Upheld

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 Pain Interventions and Treatments Section Page(s): s 76-96.

Decision rationale: Norco 10/325 is an opioid pain medication, containing Hydrocodone and acetaminophen. Hydrocodone is a semi-synthetic opioid. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Acetaminophen is recommended for treatment of chronic pain and acute exacerbations of chronic pain. Adverse effects include hepatotoxicity and renal insufficiency with greater than 4 grams daily. In this case the medication was not prescribed for short term use and the criteria for opioid use were not met.