

Case Number:	CM13-0026466		
Date Assigned:	11/01/2013	Date of Injury:	01/07/1999
Decision Date:	03/18/2014	UR Denial Date:	09/10/2013
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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, District of Columbia, and Florida. 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 56-year-old patient, with a date of injury of 1/7/99. The patient most recently (8/28/13) presented with radiating low back pain. Physical examination revealed painful and restricted ROM, tenderness over the paravertebral muscles, and spasms. Current diagnoses include lumbago, lumbar radiculopathy, and lumbar degenerative disk disease s/p SCS implantation. Treatment to date includes medications. Treatment requested is Lidoderm patches, Cymbalta 60mg #60, Senna #60, MS Contin 60mg #120, Oxycodone 15mg #45, Celebrex 100mg #30, and Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgnics-Lidoderm patch Page(s): 112.

Decision rationale: According to the California MTUS Guidelines, Lidoderm patch is recommended for treatment of Neuropathic pain as well as localized peripheral pain after there

has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Based on the medical records provided for review there is no documentation of a trial of first-line therapy. The request for Lidoderm patch 5% Patch #30 is not medically necessary and appropriate.

Cymbalta 60mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: According to the California-MTUS guidelines Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy. The FDA approved duloxetine HCl delayed-release capsules (Cymbalta; Eli Lilly and Co) for the once-daily treatment of chronic musculoskeletal pain. 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. Tricyclics are generally considered a first-line agent unless they are ineffective; poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment and none of the above mentioned has been documented for this patient. Since there is no documentation of trial of tricyclics, Cymbalta cannot be supported. The request for Cymbalta 60mg #60 is not medically necessary and appropriate.

Senna S #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/ppa/docusate.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: With respect to request for Senna S, this is indicated as a prophylaxis for opioid induced constipation. The Official Disability Guidelines (ODG) recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy.

However in this patient, the use of is deemed to be inappropriate. The request for SENNA S #60 is not medically necessary and appropriate.

Celebrex 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex® Page(s): 22 and 30.

Decision rationale: Based on the medical records provided for review there is no documentation that this claimant cannot tolerate first line NSAID or has history of Gastro-intestinal disturbances, before choosing the second-line of treatment as recommended by CA-MTUS. The request for Celebrex 20mg #30 is not medically necessary and appropriate.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Spasmodics.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines section on Antispasmodics-Carisoprodol (Soma®, Soprodal 350mg, Vanadom®, generic available) Neither of these formulations is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. According to the Official Disability Guidelines "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. Based on the medical records provided for review the injured worker does not have any evidence of acute myospasm or acute pain or breakthrough pain for which the use of Soma is indicated. Furthermore, Soma is not recommended for longer than a 2 to 3 week period. The request for Soma 350mg #90 is not medically necessary and appropriate.