MAXIMUS Federal Services

Case Number:	CM13-0027999		
Date Assigned:	12/27/2013	Date of Injury:	09/06/2012
Decision Date:	03/14/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/23/2013

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 Pulmonary Disease 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:

The patient is a 52-year-old male who reported an injury on 09/06/2012. The mechanism of injury was stated to be the patient was lifting heavy equipment at work and the next day he was noted to feel pain in the lumbar spine radiating down the left leg. The patient was noted to have 50% flexion, 30% extension, and 60% lateral movement of the lumbar spine. The patient was noted to have a normal motor exam and was noted to be neurologically intact. The patient indicated that he had good days and bad days with regard to his lumbar spine pain. The pain on the date of 08/27/2013 was noted to be running 4/10. The patient indicated he used his medications when the pain is 6 or higher. The patient was noted to have altered rental values that were minimally altered. The patient was noted to have some mildly elevated liver enzymes with an SGOT of 68 with a range of 10 to 35 being normal and a SGPT of 76 with a range of 9 to 46 for normal values. The patient was noted to be started on ibuprofen as an anti-inflammatory to help manage the patient's pain. The patient's diagnoses were noted to include lumbar spine pain and degenerative disc disease of the lumbar spine. The request was made for Cymbalta, Hydrocodone/APAP, and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30 D/S: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: California MTUS Guidelines indicate that antidepressants are the first line for treatment of neuropathic pain. The clinical documentation submitted for review failed to indicate the patient had signs or symptoms of neuropathic pain. The medication was noted to be continued. As such, there was a lack of documentation indicating the patient had functional benefit from the medication. Given the above, the request for prescription of Cymbalta 60mg #30 D/S: 30 is not medically necessary.

Ibuprofen 800mg #90 D/S: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: California MTUS Guidelines indicate that NSAIDs are for used for back pain after acetaminophen and they are for short-term symptomatic relief. The clinical documentation submitted for review failed to indicate the patient trialed acetaminophen. Additionally, the request is concurrently being reviewed with a request for Hydrocodone/APAP. There was lack of documentation indicating the necessity for acetaminophen and ibuprofen. Given the above, the request for prescription of ibuprofen 800 mg #90 D/S 30 is not medically necessary.

Hydrocodone-APAP 5-500mg #120 D/S: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60.

Decision rationale: California MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain. The patient indicated that he took pain medications when the pain was 6 or higher and the pain was 4/10. There was lack of documentation indicating the necessity for acetaminophen and ibuprofen. There was lack of documentation indicating necessity for 120 tablets since the patient was taking his medications on an as needed basis and only when the pain was a 6 or higher. The request for prescription of Hydrocodone-APAP 5-500mg #120 D/S: 30 is not medically necessary.

Cymbalta 30mg #7 D/S: 7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: California MTUS Guidelines indicate that antidepressants are the first line for treatment of neuropathic pain. The clinical documentation submitted for review failed to indicate the patient had signs or symptoms of neuropathic pain. The medication was noted to be continued. As such, there was a lack of documentation indicating the patient had functional benefit from the medication. Given the above, the request for prescription of Cymbalta 30mg #7 D/S: 7 is not medically necessary.