

Case Number:	CM13-0031802		
Date Assigned:	12/04/2013	Date of Injury:	07/02/2002
Decision Date:	02/14/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of 7/2/02. A utilization review determination dated 9/9/13 recommends non-certification of a trial of extended release morphine, baclofen, and topical compound of ketoprofen, gabapentin, lidocaine, baclofen, and cyclobenzaprine. It also recommends certification of Soma #120, Flector patches #30, and Cymbalta 90 mg per day (prescribed #30). Norco 10/325 mg t.i.d. was modified to #90 per 30 days. A progress report dated 9/17/13 identifies subjective complaints including chronic severe neck pain that radiates into both shoulders with shooting, burning, and tingling pain in both upper extremities. Burning pain has been aggravated over the last month and she is complaining of increased stabbing pain in her cervical spine. She received notification that Norco was modified from 8 per day to 3 per day, Soma, baclofen, and compounded medication were non-certified, and Flector and Cymbalta were certified. The patient notes no side effects from the medication other than sedation associated with baclofen, which is taken only at night. Pain is rated at 5/10 with medications and 9/10 without. Without medications, she has virtually no quality of life and has very limited ability to participate in activities of daily living. With medication, she is able to participate in activities of daily living including self care, cooking, shopping for groceries, and light housekeeping. Without the medication, she is unable to flex or rotate her neck secondary to severe pain and is predominantly confined to a chair or bed. She shows no evidence of drug-seeking behavior and has been stable on Norco 10/325 limited to eight per day for several years. She has undergone urine drug screening that shows evidence of compliance with her medication. She has signed an opioid agreement. Objective examination findings identify severely limited cervical spine ROM with 2+ muscle spasm in bilateral cervical paraspinal and trapezius muscles bilaterally. There is d

IMR ISSUES, DECISIONS AND RATIONALES

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

9/3/13 CONT OF NORCO 10/325 MG 2 TAB TID #1200: 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 Page(s): 76-79.

Decision rationale: Regarding the request for Norco 10/325 mg 2 tab TID #1200, it is noted that the previous utilization review modified this medication to certify Norco #90. California MTUS recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects" for patients utilizing ongoing opioid therapy. Within the documentation available for review, the appeal from the provider notes that the patient has shown evidence of improvement in pain and improvement in function, has been stable on this medication for a prolonged period of time, has shown compliance on laboratory testing, and has a signed opioid agreement. Additionally, the provider has clarified that the intended dosage is up to 8 tablets per day and that the request for #1200 was in error, as the request should have been for #240. However, the request as listed of #1200 well exceeds an appropriate amount and there is no provision to modify this request to an appropriate amount. In light of the above issues, the currently requested Norco 10/325 mg 2 tab TID #1200 is not medically necessary.

BACLOFEN 10MG 1 TAB QHS #30: 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 Page(s): 63-66.

Decision rationale: Regarding the request for baclofen, California MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Within the documentation available for review, there is no documentation that the medication is to be utilized for the short-term treatment of acute pain or an acute exacerbation of chronic pain, and it is a sedating muscle relaxant. Furthermore, the provider has noted that the medication has been discontinued. In light of the above issues, the currently requested baclofen is not medically necessary.

CYMBALTA 60MG + 30MG 1 TAB QD #30: 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 Page(s): 13-16.

Decision rationale: Regarding the request for Cymbalta, it is noted that the previous utilization review certified this medication. California MTUS supports the use of Serotonin-Norepinephrine Reuptake Inhibitors (SNRI), antidepressants in the management of neuropathic pain and depression. Within the documentation available for review, there is documentation of both neuropathic pain and depression. In light of the above issues, the currently requested Cymbalta is medically necessary.

SOMA 350 MG 1 TAB Q6H PRN #120: 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 Page(s): 63-66.

Decision rationale: Regarding the request for Soma, it is noted that the previous utilization review certified this medication. California MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Within the documentation available for review, there is no documentation that the medication is to be utilized for the short-term treatment of acute pain or an acute exacerbation of chronic pain, and it is a sedating muscle relaxant. Furthermore, the provider has noted that the medication has been discontinued. In light of the above issues, the currently requested Soma is not medically necessary.

Trial Of Extend Release Morphine: 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 Page(s): 76-79.

Decision rationale: Regarding the request for a trial of extended release morphine, California MTUS recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects" for patients utilizing ongoing opioid therapy. Within the documentation available for review, the appeal from the provider notes that, with regard to the ongoing use of the short-acting opioid Norco, the patient has shown evidence of improvement in pain and improvement in function, has been stable on this medication for a prolonged period of time, has shown compliance on laboratory testing, and has a signed opioid agreement. However, the provider also noted that he wished to withdraw his request for extended release morphine. In light of the above issues, although there may be a consideration for the use of a long-acting opioid, the currently requested trial of extended release morphine is not medically necessary.

Trial Of Ketoprofen/Gabanopentin/Lidocaine: 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 Page(s): 111-113.

Decision rationale: Regarding the request for ketoprofen/gabapentin/lidocaine, California MTUS supports the short-term use of topical NSAIDs in the management of osteoarthritis and tendinitis of joints amenable to treatment, but not for the spine or for neuropathic pain. Within the documentation available for review, there is no documentation of osteoarthritis and/or tendinitis of joints amenable to treatment. Additionally, topical ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." Topical lidocaine is "Recommended for 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)." Furthermore, it is supported only as a dermal patch. Gabapentin is not recommended for topical use as there is no peer-reviewed literature to support use. In light of the above issues, the currently requested ketoprofen/gabapentin/lidocaine is not medically necessary.