

Case Number:	CM13-0049962		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2001
Decision Date:	02/24/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/22/2013

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 Anesthesiology and 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:

The patient is a 52-year-old male who reported an injury on 03/01/2001. The patient is diagnosed with musculoligamentous disorder, lumbosacral disc degeneration, and status post fusion. The patient was seen by [REDACTED] on 08/20/2013. The patient reported persistent lower back pain. Physical examination revealed tenderness to palpation of the thoracic region in the paraspinal and paravertebral area, as well as increased pain with extension. Treatment recommendations included continuation of current medication and a thoracic radiofrequency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl transdermal system 12mcg/hr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44, 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical

documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain with insomnia. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

Morphine Sulfate tablets immediate release, 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate, Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain with insomnia. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

Protonix enteric-coated tablets, Protoprazone, 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation ODG Pain, Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for a proton pump inhibitor. As such, the request is non-certified.

Cymbalta capsules, 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines selective norepinephrine reuptake inhibitors (SNRIs) Page(s): 16-1.

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

Decision rationale: California MTUS Guidelines recommend antidepressants as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and has been used off label for neuropathic pain and radiculopathy. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain, depression, and insomnia. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, change in the use of other analgesic medication, or improved sleep quality and duration. Based on the clinical information received, the request is non-certified.