

Case Number:	CM13-0057162		
Date Assigned:	12/30/2013	Date of Injury:	05/29/2001
Decision Date:	04/10/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Intervention Spine, 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 expert 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 77 year-old female RN who was injured on 5/29/2001 when she was trying to help lift a 400-pound patient off the ground. There is a 10/8/13 report from [REDACTED] that states the current pain is 7/10, but does not provide the location of pain or provide a diagnosis; it states the intensity of pain after taking opioids is 7/10. The patient's pain drawing from 10/8/13 shows pain from the head to both shoulders, and in the fingertips of both hands, then pain across the low back and over to the right buttock, and down the anterior and posterior right thigh and anterior right shin and numbness at the tips of the large toes bilaterally. [REDACTED] report states for Hydrocodone/APAP, the pain is 9/10 prior to taking it, and 6-7/10 after taking it. It was used for the low back and shoulders. The Cyclobenzaprine was for back spasms, she reports 10/10 pain prior to taking Cyclobenzaprine and 6-7/10 after. Cymbalta was for depression and sleep. She states it does not help with depression, but helps with sleep. The Lansoprazole was apparently for choking and difficulty swallowing food after epiglottis damage. The injured worker provided the IMR application contesting the 10/16/13 UR decision, and included a letter summarizing her concerns.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/ACETAMINOPHEN: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LONG-TERM OPIOID USE, OPIOIDS, LONG-TERM ASSESSMENT, CRITERIA FOR USE OF OPIOIDS Page(s): 88-89.

Decision rationale: The most recent medical report available for this IMR is the 10/8/13 report from [REDACTED] from Oregon. He provides an assessment of efficacy, but does not list subjective complaints or diagnoses. [REDACTED] notes the Hydrocodone/APAP 10/500 tid, brings the pain down from 9/10 to 6-7/10. The patient's letter states she has a future medical award for neck, shoulders and back. The letter indicates the Hydrocodone/APAP brings her pain levels down to 4-5/10. The patient is reported to have moderate-to-severe pain and it is brought down to tolerable levels with Hydrocodone. According to MTUS guidelines, a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" The physician and patient have reported a satisfactory response. MTUS does not require weaning or discontinuing medications for pain that are providing a satisfactory response. MTUS requires treatment of pain, stating: "Duration of the treatment shall be consistent with the definition of chronic pain as set forth in Section 9792.20(c) and page 1 of these guidelines, and the treatment shall be provided as long as the pain persists beyond the anticipated time of healing and throughout the duration of the chronic pain condition." Use of Hydrocodone/APAP appears in accordance with MTUS guidelines.

CYCLOBENZAPRINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TWC PAIN PROCEDURE SUMMARY, UPDATED 6/7/2013

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN). Page(s): 63-66.

Decision rationale: The patient reports muscle spasms and difficulty sleeping and states Flexeril helps with this. The MTUS guidelines for Flexeril specifically states this medication is not recommended for use over 3-weeks. The request is not in accordance with MTUS guidelines.

CYMBALTA/DULOXETINE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN AND FDA NEWS RELEASE, NOV. 4, 2010, ONLINE. Page(s): 13-16.

Decision rationale: The patient has chronic neck, shoulder and back pain and associated depression. The patient reports the Cymbalta helps with this. MTUS guidelines states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain." Also noted that subsequent to the published MTUS guidelines, the FDA has approved Cymbalta to treat chronic musculoskeletal pain (11/4/10). The use of Cymbalta appears to be in accordance with MTUS guidelines.

LANSOPRAZOLE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TWC PAIN PROCEDURE SUMMARY, UPDATED 6/7/2013

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: Lansoprazole is a proton pump inhibitor (PPI), and the patient is at risk for GI events due to her age over 65 and has GI symptoms. But the reporting discusses esophageal nerve damage secondary to intubation that causes severe dysphagia, and the patient reports difficulty swallowing and choking and states the Lansoprazole helps with this. Lansoprazole is not indicated specifically for choking or difficulty swallowing, but is indicated for associated GERD. The patient meets the MTUS risk factors for GI events and has history of GI issues. The use of Lansoprazole appears to be in accordance with MTUS guidelines.