

Case Number:	CM13-0057284		
Date Assigned:	12/30/2013	Date of Injury:	04/02/1991
Decision Date:	03/27/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 48 year old male who was injured on 04/02/1999 while working in the oilfields when his right ankle was crushed. He attempted to work for several years with pain; however, it became unbearable. His physicians determined that he had sympathetic atrophy that was not only through his leg but now both legs up to his hip and even in his right baby and ring finger. Prior treatment history has included somewhere in 1993 through 1994, he was given a morphine pump. He went to [REDACTED] to detox from the Opioid. Operative report dated 05/26/2010 revealed insertion of AMS inflatable penile prosthesis, 19.5 cm in length and placement of indwelling Foley catheter, typically using coude Foley after lidocaine anesthesia. Operative report dated 02/02/2012 revealed a midline incision to decompress periappendiceal cystic mass and culture and prevesical exploration, identification of reservoir and unroofing it with electrocoagulation, cycling, penile prosthesis, placement of Jackson Pratt drain. Diagnostic studies reviewed include CT of the abdomen and pelvis with and without contrast revealed suspect arteriosclerotic calcifications involving the coronary arteries, old pulmonary granulomatous disease, posterior disk protrusions, foraminal stenosis, and suspected impingement of the L5 nerve roots at the L5-S1 neural canals and negative for definable abscess collection. Drug screen performed 06/07/2013 revealed drug confirm detected; inconsistent with prescription therapy; tri-cyclic antidepressants reported as preliminary positive and confirmed detected by GC/MS. Inconsistent with prescription therapy: cyclobenzaprine detected by GC/MS. Drug screen performed 08/08/2013 revealed consistent with prescription therapy: tri-cyclic antidepressants reported as preliminary positive and amitriptyline/nortriptyline confirmed detected by GC/MS. Amitriptyline/nortriptyline reported as prescribed. Drug screen performed 10/15/2013 revealed tri-cyclic antidepressants reported as preliminary positive and

amitriptyline/nortriptyline confirmed detected b GC/MS. Amitriptyline/nortriptyline reported as prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine(Cymbalta®).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15. Decision based on Non-MTUS Citation Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition, 2005.Chapter 14: Psychopharmacology for Pain Medicine, pages 124-133

Decision rationale: CA MTUS states antidepressants for chronic pain is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. There is no documentation in the records provided to document the patient has any of the FDA approved conditions. Further, the guides state there is no high quality evidence to support the use of duloxetine for lumbar radiculopathy. This patient is also documented to have lumbar radiculopathy. Based on this information, the request is non certified.

Neurontin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Chronic Pain Page(s): 53. Decision based on Non-MTUS Citation Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition, 2005, Chapter 15:Membrane Stabilizers, pages 134-140

Decision rationale: According to CA MTUS guidelines: "One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage." This patient has been on this medication for prolonged periods of time (furthest date documented is in May 2012), but there is no documentation regarding the improved pain or functional improvement with the use of this medication. Therefore, request is not a medical necessity and is non-certified.

Fluriflex Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical/Compound analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The CA MTUS guidelines indicate topical analgesics may be appropriate when there is documentation of neuropathic etiology for pain and/or failure of antidepressants or other oral analgesics to control pain. It further states that if any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The active ingredients in the ointment requested are Flurbiprofen/Cyclobenzaprine. Per the guides, there is no evidence for use of any other muscle relaxant as a topical product.

Medrox Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical/Compound analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The active ingredients for Medrox patches is menthol, capsaicin and methyl salicylate. According to the CA MTUS, capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. The patient is still ongoing with his medications and to date, there is no indication that he is intolerant to the current regime.