

Case Number:	CM13-0060529		
Date Assigned:	12/30/2013	Date of Injury:	12/29/2009
Decision Date:	04/09/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/03/2013

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 Family Medicine, and is licensed to practice in Arizona. 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 40-year-old male with date of injury on 12/29/2009. The patient has ongoing symptoms related to his lower back. The patient had lumbar surgery in 2010 and hardware removal on 8/11/2013. The subjective complaints are of left sided low back pain that was improving but with a "pain spike". The patient was also noted as complaining of depression. The physical exam shows bilateral lower extremity strength intact, with tenderness over the piriformis muscle, and positive straight leg raise test bilaterally. The medications were noted to provide good relief, but no documentation showing functional improvement. The patient has been using Norco 10/325mg 6 times a day and Oxycontin 40mg 3 times a day, and has received physical therapy. The patient also has received steroid injections which did not provide pain relief. Recent clinical encounter documents that weaning of narcotics is recommended. No evidence of urine drug screening was evident in the submitted records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg Q8H:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. The CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. The guidelines for chronic back pain indicate that while opioid therapy can be efficacious it is limited to short term pain relief and long term efficacy (>16 weeks) is unclear, and failure to respond to limited course of medication suggests reassessment and consideration for alternative therapy. Furthermore, no documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. For this patient, there is no demonstrated improvement in pain or function from long-term use. For these reasons, the requested Oxycotin is not medically necessary.

Norco 10/325 mg 6/day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. The CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. The guidelines for chronic back pain indicate that while opioid therapy can be efficacious it is limited to short term pain relief and long term efficacy (>16 weeks) is unclear, and failure to respond to limited course of medication suggests reassessment and consideration for alternative therapy. Furthermore, no documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. For this patient, there is no demonstrated improvement in pain or function from long-term use. For these reasons, the requested Norco is not medically necessary.

Cymbalta 30 mg BID 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Cymbalta Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Cymbalta

Decision rationale: The CA MTUS identifies approval of Cymbalta for treatment of anxiety and depression, with off label use for neuropathic pain and radiculopathy. The Official Disability Guidelines (ODG) recommend Cymbalta as an option in first-line treatment of neuropathic pain. The ODG also states a Food and Drug Administration (FDA) panel concluded that Cymbalta was

effective in treating chronic low back pain and they voted in favor to broaden the indication to include the treatment of chronic pain. This patient has been diagnosed with depression, and with chronic pain. The examinations show that the patient continues to have ongoing depression. The submitted records acknowledge improvement with the Cymbalta. The guidelines suggest that this medication is recommended as a treatment of depressive disorders and for chronic low back pain. Therefore, the request for Cymbalta is medically necessary.

Ambien 10mg QHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ambien

Decision rationale: The Official Disability Guidelines (ODG) suggest that zolpidem is only approved for the short-term treatment of insomnia. The recommended time-frame of usage is usually 2 to 6 weeks and long-term use is rarely recommended. Sleeping pills can be habit-forming, impair function and memory, and increase pain and depression over long-term use. For this patient, Ambien has been used on a chronic basis that would place the treatment time well over 6 weeks. Therefore, continuation of this medication exceeds recommended usage per guidelines, and is not a medical necessity