

Case Number:	CM13-0060973		
Date Assigned:	12/30/2013	Date of Injury:	11/22/2002
Decision Date:	05/09/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/04/2013

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 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:

The patient is a 50 year old female who was injured on 11/22/2002. The mechanism of injury is unknown. Prior treatment history has included physical therapy and the following medications: 1. Lyrica 100 mg 2. Inderal 20 mg 3. Paroxetine 20 mg 4. Norco 10-325 mg 5. omeprazole
Diagnostic studies reviewed include drug adherence reports dated 01/29/2013 and 07/31/2013 both with a positive detection for hydrocodone, hydromorphone and norhydrocodone. PR-2 dated 11/06/2013 documented the patient to have complaints of back and low back pain. The patient is experiencing back stiffness. Back pain is described as aching burning and dull. Severity of condition is 1 on a scale of 1-10 with 10 being the worst and with medications. Patient indicates back flexion worsens condition, hip extension worsens condition, hip flexion worsens condition, hip rotation worsens condition and rest improves condition. Condition has existed for an extended amount of time. Back pain is located in lower back. Objective findings on exam reveal gait and station exam midposition without abnormalities. Muscle strength for all groups tested as follows: bilateral quadriceps, bilateral hip abductors, bilateral hip adductors, bilateral foot dorsiflexors and bilateral foot plantarflexors where the muscle strength is 5/5. I find her sitting uncomfortably today. She has minimal amount of tenderness in the lumbar sacral area of the spine. Pain level today is 1/10 today but will increase with any strenuous activity. Negative straight leg raise. She maintains strength of both lower extremities rated 5/5. Sensory is intact to both lower extremities. Neurological exam reveals L5 and S1 dermatomes demonstrate normal light touch sensation bilaterally. Lumbosacral exam reveals pain to palpation over the L4 to L5 and L5 to S1 facet capsules and spinous processes bilateral, pain with rotational extension indicative of facet capsular tears bilaterally and secondary to myofascial pain with triggering, rope fibrotic banding and spasm the myofascial pain is markedly worsened from prior examinations as has her pain response. Assessment: 1. Lumbalgia chronic severe 2. Multilevel

disc disease with concordant multiple level discogram 3. Facet compromise found positive on two dorsal rami diagnostic blocks. 4. SI joint pathology 5. The possibility of piriformis syndrome along with secondary myofascial pain. 6. Multilevel degenerative disc and degenerative joint disease lumbar spine including L2-3. L3-4 and L5-S1 with annular tears at virtually all levels of the lumbar spine with the exception of L1-2. 7. Depression and anxiety treated with medications and counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 30MG #30 W/3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388,402,Chronic Pain Treatment Guidelines Cymbalta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 15-16.

Decision rationale: According to the guidelines, Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy and fibromyalgia. According to the PR-2 dated 11/06/2013, the patient's diagnoses includes depression and anxiety treated with medications and counseling. The medical records do not include any recent objective psychological or mental assessment with documentation of the patient's report of how or whether the medication is effective. The medical records do not establish the patient has benefited with use of this medication. Therefore, the medical necessity of Cymbalta has not been established. The guidelines note that withdrawal effects can be severe, so abrupt discontinuation should be avoided and tapering is recommended before discontinuation.

PAXIL 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388,402,Chronic Pain Treatment Guidelines Cymbalta.

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

Decision rationale: The ODG recommends diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below. Definition of anxiety disorders: Anxiety disorders for this entry include (1) generalized anxiety disorder (GAD); (2) panic disorder (PD); (3) post-traumatic stress disorder (PTSD); (4) social anxiety disorder (SAD); & (5) obsessive-compulsive disorder (OCD). Many antidepressants, in particular the Selective Serotonin Reuptake Inhibitors (SSRIs) are considered first-line agents in the treatment of most forms of anxiety. Paxil is an SSRI, recommended for treatment of GAD, PD, SAD, OCD, and PTSD as well as major depressive disorder. According to the PR-2 dated 11/06/2013, the patient's diagnoses includes

depression and anxiety treated with medications and counseling. The medical records do not include any recent objective psychological or mental assessment with documentation of the patient's report of how or whether the medication is effective. The medical necessity of Paxil has not been established. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation.

LYRICA 100MG #60 W/3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs(AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica®) Page(s): 99.

Decision rationale: According to the CA MTUS guidelines, Lyrica is effective in treatment of diabetic neuropathy and postherpetic neuralgia, and is considered a first-line treatment for these conditions. The medical records do not establish this patient has either of these conditions. The patient is diagnosed with lumbalgia chronic severe, multilevel DDD/DJD, SI joint pathology, and possible piriformis syndrome with secondary myofascial pain. The patient does not appear to have neuropathic-type pain. The medical necessity of Lyrica is not established.

ONE URINE DRUG SCREEN: 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), Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Indicators For Addiction Page(s): 87-91.

Decision rationale: According to the guidelines, urine toxicology screenings should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. In the case of the patient, the medical records document the patient has undergone urine drug screens on 01/29/2013 and 07/31/2013, wherein both showed positive detection for hydrocodone, hydromorphone and norhydrocodone. The results of these studies have not indicated any issues with her medication usage. In addition, the treating physician has not documented any aberrant or suspicious drug seeking behavior. Based on this and absence of support within the evidence based guidelines, it does not appear that a urine drug screen is necessary. The medical necessity of a urine drug screen is not established.