

Case Number:	CM13-0068789		
Date Assigned:	01/03/2014	Date of Injury:	06/06/2003
Decision Date:	04/21/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 58 year old male who was injured on 6/6/13 while attempting to install a planning attachment to a skid steer loader and the attachment engaged and crushed him between the attachment and skid steer, causing multiple lower extremity contusions. The diagnoses were status post bilateral leg contusion, left lower extremity complex regional pain syndrome (CRPS), low back pain with lumbar radiculitis, myofascial pain, and poor sleep. Prior treatment history has included two epidural injections in his lumbar spine and two in his neck which were beneficial. He also has had physical therapy and shock stimulator at home. As of 9/17/13, medications included Methadone, Celebrex, Ibuprofen, muscle relaxers, pain patches, medication for depression, and other pain medications. A qualified medical examination in psychiatry dated 10/28/13 indicated that only 47% of pain is due to industrial causation. An ML-106 report dated 9/17/13 indicated that the patient stated that there has been no major improvement to his symptoms since his last office visit on 3/28/12; however, he states that his right foot, lumbar and cervical spine symptoms have worsened. The patient stated he has pain in his right foot which he rates as 7/10. He has 6/10 pain in his neck and he has 3-4/10 lumbar spine pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL PATCHES, 75MCG/HR, APPLY EVERY 2 DAYS FOR BASELINE, #15/30 DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47, 78-80, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-82.

Decision rationale: As per the California MTUS guidelines, Fentanyl transdermal patches are indicated for the management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opioids therapy and the pain cannot be managed by other means. In this case, the patient was using this medication every 48 hours when the recommended use is every 72 hours, and he was also taking Methadone, which is a long acting medication. The medications continue to be prescribed at the same dosages or even increased, as now the Methadone has been increased to three times daily. Further guidelines indicate that four domains are most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The guidelines also indicate that the monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The records submitted and reviewed lack evidence to include functional improvement, reduction in pain level, and increased endurance. Thus, the request is non-certified.

VIIBRYD 20MG, 1 BY MOUTH DAILY, #30/30 DAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS does not specifically discuss the issue in dispute and hence the Official Disability Guidelines have been consulted. As per the ODG, Viibryd is recommended for PTSD and major depressive disorder. Viibryd is a selective serotonin reuptake inhibitor (SSRI) antidepressant. The provider indicated that the patient was taking this medication for depression secondary to chronic pain. However, he is also prescribed Cymbalta, which is a serotonin-norepinephrine reuptake inhibitor (SNRI) that can be used for depression, peripheral neuropathy, diabetic neuropathy and fibromyalgia. The medical record did not clarify why two antidepressants working through serotonin receptors are both needed, the use of these two medications together is inappropriate and the request is noncertified.